

1938 OCT 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32022

1. PLACE OF DEATH

County Cole  
Township Russellville  
City Russellville, Mo (No. \_\_\_\_\_)

Registration District No. 214  
Primary Registration District No. 4180

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John K. Hunter

(a) Residence, No. Russellville, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 75 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>widower</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF <u>Linnae McDavitt Hunter</u> (OR) WIFE OF <u>(deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 27 1882</u>		
7. AGE <b>75</b>	YEARS <b>11</b>	MONTHS <b>4</b>
		DAYS <b>4</b>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Banker</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Russellville, Mo  
(STATE OR COUNTRY) Cole County, Mo

13. NAME Crockett Hunter

14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Leslie

16. BIRTHPLACE (CITY OR TOWN) - unknown  
(STATE OR COUNTRY)

17. INFORMANT Herbert Hunter  
(ADDRESS) Russellville, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Enloe Cemetery DATE 10-3-38

19. UNDERTAKER Legal Schubert  
(ADDRESS) Russellville Mo

20. FILED Oct 3 1938 Walter S. Leslie  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1938, 19\_\_\_\_, to Oct. 1, 1938, 19\_\_\_\_.  
I last saw h. in alive on Oct. 1, 1938, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

**Chronic Nephritis**

**Uraemic Poisoning**

Date of onset	<b>Indefinite</b>
<b>131</b>	
Other contributory causes of importance:	
<b>Sept 38</b>	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify Walter S. Leslie, M. D.  
(Signed) \_\_\_\_\_ (Address) Russellville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

