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.

REC'D FEB 21 1939

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

Do not use this space.

1958

1. PLACE OF DEATH

County Cedar — Registration District No. 167 — File No.

Township Madison — Primary Registration District No. 5233 — Registered No.

City ~~Fair Play~~, (No. , St. Ward)

2. FULL NAME Laura Bell Hunter,

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joe Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13-31863

7. AGE: YEARS 75 — MONTHS I — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
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) (STATE OR COUNTRY): Fair Play, Mo.

FATHER

13. NAME: Collon Fleeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Mary Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Bert Hunter, Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE Dec. 18 1938

19. UNDERTAKER (ADDRESS): Frank W. Barker, Fair Play, Mo.

20. FILED Jan 28 1939 B. A. Cheek, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1938, to Dec 13 1938, 19
I last saw her alive on Dec 13 1938, 19 Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset

Other contributory causes of importance:
Fall to floor one week prior to beginning illness

Name of operation: None — Date of #
What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental — Date of injury Dec4 1938
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: In home
Nature of injury: General concussion due to fall

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas H Brown, M. D.
157 (Address) Fair Play Mo

RECEIVED
District Health Officer No. 7,
District File Number 1-39-308
Date Filed 2-13-39