WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 22 1939

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

Do not use this space.

15509

File No.

Registered No. 23.

1. PLACE OF DEATH

54 County Marion

Township Liberty

City (No. , St. Ward)

Registration District No. 548.

Primary Registration District No. 5740.

2. FULL NAME 536 Jim Hunter

(a) Residence, No. Marion Co. Hospital St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known Abt. 80 yrs.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Not known.	Abt. 80 yrs.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

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) Paris, Missouri. 0

FATHER

13. NAME Not known. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known. 9

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

17. INFORMANT (ADDRESS) Steve Drake. Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra Cem. DATE 4/18 1939

19. UNDERTAKER (ADDRESS) E. J. Sprague Palmyra, Mo.

20. FILED April 15 1939 Burkside Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1939

22. I HEREBY CERTIFY, That I attended deceased from April 13 1939, to 4-14 1939

I last saw him alive on April 13 1939. Death is said to have occurred on the date stated above, at 6 A. m.

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

Cerebral Hemorrhage
Hemorrhage Brain
Acute Coma

Date of onset

Other contributory causes of importance:
Myocarditis

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

(Signed) G. T. Crowell, M. D.

(Address) Palmyra Mo.

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