

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

REC'D OCT 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 137
 Township 1 Primary Registration District No. 4077
 City Hale (No. _____) St. _____ (Ward _____)

File No. 32100
 Registered No. 7

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mary Hunter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-13-1881</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Beverly Falls</u>		
FATHER	13. NAME <u>Phos Hunter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
	15. MAIDEN NAME <u>Fanny Fombell</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	17. INFORMANT <u>Mrs. Edige Lester</u> (ADDRESS) <u>Minnesota</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cameron</u> DATE <u>Sept. 10, 1939</u>		
19. UNDERTAKER <u>Frank E. Slater</u> (ADDRESS) <u>Hale Mo</u>		
20. FILED <u>8-9</u> , 19 <u>39</u> <u>WPKemp</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1939, to Sept. 8, 1939.
 I last saw him alive on Sept. 6, 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Dr. Everett L. Smith, M. D.
 (Address) Cass Mo

RECEIVED
District Health Officer No. 8,
District File Number
10/3/39 Filed