

FILED MAY 15 1940

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

15955

Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County St. Francois 0 Registration District No. 773  
(b) Township 0 Primary Registration District No. 4464  
(c) City Farmington (d) Street No. \_\_\_\_\_ Registered No. 97  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Lucy Ann Hunt  
(a) Residence, No. Farmington, Mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Hilary Hunt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 8 9
- OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Home maker  
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) Farmington, P.E. 3  
St. Francois, Mo.
- FATHER  
13. NAME David Ritchie Reedham  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
- MOTHER  
15. MAIDEN NAME Mimerva Rutherford  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Mo.
17. INFORMANT (ADDRESS) Grace Hunt  
301 W. College St., Farmington, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Libertyville DATE April 28, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Undertaking Co.  
Farmington, Mo.
20. FILED April 27, 1940 T. J. Robinson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1940
22. I HEREBY CERTIFY, That I attended deceased from December, 1938, to April 26, 1940  
I last saw her alive on April 26, 1940 Death is said to have occurred on the date stated above, at 9:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Hypertensive Pneumonia  
Chronic nephritis, Suddolamb  
& Myxo. Carditis  
Date of onset \_\_\_\_\_
- Other contributory causes of importance: 121  
arteriosclerosis, senility
- 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) L. M. Starnes M. D. no  
699 (Address) Farmington Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by *me* .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *E. H. Cozcom* .....

Licensed Embalmer No. *4084* .....

P. O. Address *Farmington Me* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**