

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

Do not use this space.

36711

**1. PLACE OF DEATH**

County Henry Registration District No. 358  
 Township Shanee Primary Registration District No. 5502  
 City Chilhowee (No. \_\_\_\_\_) (Street \_\_\_\_\_) (Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Ruth V. Hunter

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

Length of residence in city or town where death occurred 32 yrs. -- mos. -- da. -- How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED, HUSBANDS-OR (2B) WIFE OF Charley Hunter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14th 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>9</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Garland Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER D.W. Benzett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington  
 (STATE OR COUNTRY) D.C.

12. MAIDEN NAME OF MOTHER Nancy Mohler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ohio

14. INFORMANT H.H. Benzett  
 (Address) Chilhowee Mo

15. FILED 11/27/25 J. Beatty REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Nov 22, 1928, that I last saw h.u. alive on Nov 17, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

central apoplexy  
7401 83 (duration) \_\_\_\_\_  
epilepsy (duration) \_\_\_\_\_  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W.L. Martin, M.D.

Nov 23, 1928 (Address) Chilhowee Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Carsville Mo

**DATE OF BURIAL**

11-24-28

**20. UNDERTAKER**

Sweeney And Cook,

**ADDRESS**

Chilhowee

K. 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.

