

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
Township Deerfield Primary Registration District No. S.S.O.I.A.  
City Clinton (No. .... St. .... Ward)

File No. 24839  
Registered No. 80

**2. FULL NAME**

Anna Eda Hunt  
(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**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write life word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ES La Hunt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 22 - 1881</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>4</u>	DAYS <u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>in home</u> (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>W F Jones</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Staubers Point Iowa</u>
	12. MAIDEN NAME OF MOTHER <u>May Crosby</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	

14. INFORMANT ES La Hunt  
(Address) Clinton Mo Rth

15. FILED 7/6 19 31 Ed C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1931  
17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931 to July 1, 1931  
that I last saw him alive on June 30, 1931, and that death occurred, on the date stated above, at July 1 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Probable cause of liver nephritis  
H6E  
131 (duration) 3 yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 4600 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Henry Co  
DID AN OPERATION PRECEDE DEATH? No TO DATE OF .....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. S. Stetson, M. D.  
, 19 ..... (Address) Clinton

\*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 Englewood Cen DATE OF BURIAL 7-3 1931  
20. UNDERTAKER More Joy ADDRESS Clinton

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.

III 24 1931

