

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

Do not use this space.

32065

1. PLACE OF DEATH

42 County Henry Registration District No. 347
 4 Township _____ Primary Registration District No. 3018
 7 City Clinton Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 97

2. FULL NAME

Lillian Denny Hunter
 (a) Residence, No. 322 N-2d 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 7 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clyde E Hunter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in our home
 10. Date deceased last worked at this occupation (month and year) Apr 1932 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livery Mo

13. NAME D W Denny

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livery Mo

15. MAIDEN NAME Mary William

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greencastle Mo

17. INFORMANT (ADDRESS) Clyde E Hunter Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 11-2-32

19. UNDERTAKER (ADDRESS) Spore & Son

20. FILED 1/1 19 32 Ed C. Peeler Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to _____, 1932.
 I last saw him alive on _____, 1932. Death is said to have occurred on the date stated above, at _____, Mo.
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
 131
 147
 151
 1931
 Other contributory causes of importance:
 Insomnia of pregnancy

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) H. S. Hunter, M. D.

(Address) Clinton Mo

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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