

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No. 6018  
Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Beverly Ann Hunter  
(a) Residence No. 409 E Lincoln St. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1937  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Clinton Mo

13. NAME Mike Hunter

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

15. MAIDEN NAME Goldie Bohan

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

17. INFORMANT (ADDRESS) Mike Hunter  
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 2/9 37

19. UNDERTAKER (ADDRESS) Consalus & Peels  
Clinton Mo

20. FILED 3-12 1937 R Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 1937, to July 8 1937  
I last saw her alive on July 7 1937 Death is said to have occurred on the date stated above, at 59 m.  
The principal cause of death and related causes of importance were as follows:

Congenital Valvular  
Heart Lesion  
Impaired closure of  
Atrium

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) S. W. Wolburn, M. D.

(Address) Clinton Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

U.S. GOVERNMENT PRINTING OFFICE: 1924

