

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

Do not use this space.

33797

1. PLACE OF DEATH

70 County Montgomery Registration District No. 595
Township Upper South Primary Registration District No. 5797
City Wellsville (No. _____) St. _____ Ward _____

File No. 24
Registered No. 21

2. FULL NAME

Emma Arretta Hunter

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|---|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u> | | |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James N. Hunter</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26-1855</u> | | | | |
| 7. AGE | YEARS <u>78</u> | MONTHS <u>7</u> | DAYS <u>5</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | | |
| | 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)
Missouri

FATHER 13. NAME
Solomon Hart

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
New Jersey

MOTHER 15. MAIDEN NAME
Mary Ann Cundiff

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

17. INFORMANT
Mrs Herbert Nebel
(ADDRESS) Wellsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Wellsville Mo DATE Nov 1 - 1933

19. UNDERTAKER
F. W. Kuhse
(ADDRESS) Wellsville Mo.

20. FILED Nov 2 1933 Lorena W Kuhse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Oct 31, 1933
I last saw him alive on Oct 31, 1933. Death is said

to have occurred on the date stated above, at 11 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis one year

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Other contributory causes of importance:

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23. Name of operation _____ Date of _____
What test confirmed diagnosis? kidney 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) R. G. Sturford, M. D.
(Address) Wellsville 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.

NOV 10 1933

JUN 19 1957

