

OCT 21 1936

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

Do not use this space.

33979

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

17 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Estelle Hunsicker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-18-1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

51

8

23

OCCUPATION

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

Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

dry

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)

Mo

MOTHER

13. NAME

Jo Hunsicker

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

Mo

15. MAIDEN NAME

no information

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

Mo

17. INFORMANT (ADDRESS)

James Hunsicker

18. BURIAL, CREMATION, OR REMOVAL

buried

19. UNDERTAKER (ADDRESS)

James Hunsicker

20. FILED

9-14-

1936

W. B. Bedford

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 12 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-10-1936, to 9-12-1936

I last saw him alive on 9-12-1936. Death is said

to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Otitis Media Chronic
Acute Meningitis
(non-specific)
18721

Other contributory causes of importance:

Broncho Pneumonia

Date of onset

1920

9-9-36

9-11-36

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

M. D.

(Address)

W. B. Bedford
Jefferson City Mo.

24
17
41 inches long
21 1/2 wide