

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

Do not use this space.

10645

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. 1903 N. Weather)

File No.
Registered No. 2339
St. Ward)

2. FULL NAME

Samuel Hunter
(a) Residence. No. 1903 N. Weather St. 11 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 Male 4. COLOR OR RACE Colored 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) June 4 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>40</u>	<u>8</u>	<u>28</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Train Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Mo. Pacific R.R.
(c) Name of employer

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

10. NAME OF FATHER Lewis Hunter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maryton Holleran

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Max Hunter
(Address) 4368 St Louis ave.

15. FILED 1923 Max Barker REGISTER

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1928

17. I HEREBY CERTIFY That I attended deceased from 3-1-1928 to 3-2-1928 that I last saw him alive on 3-1-1928 and that death occurred, on the date stated above, at H. 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia duplex
with pleur.
toxic (duration) yrs. mos. ds. 7

CONTRIBUTORY (SECONDARY) Influenza
toxic (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED 11A 10B

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) J. P. Keenan M. D.
3/21, 1928 (Address) 20384 Myrtle

*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 Tipton Mo DATE OF BURIAL 3/4 1928

20. UNDERTAKER Mannal Smith Co ADDRESS 4089 Friday

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.

11/13