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

Do not use this space.

24970

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1093 Registered No. 6382

City St Louis Mo (No. Mo Pacific Hospital St. ..... Ward)

2. FULL NAME Lawrence Thomas Hunt

(a) Residence, No. ..... St., 16 Ward. Bonne Terra Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mora Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	10	27	

OCCUPATION

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

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

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) Salem Mo

FATHER

13. NAME Lawrence Hunt

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

MOTHER

15. MAIDEN NAME Caroline Turley

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

17. INFORMANT (ADDRESS) Mora Hunt Bonne Terra Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre Mo DATE 7-24 19 33

19. UNDERTAKER Lee Benham Und Co
(ADDRESS) Bonne Terre Mo

20. FILED [illegible] 19 [illegible]
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933 to July 22, 1933

I last saw him alive on July 22, 1933 Death is said to have occurred on the date stated above, at 4 35 A.m.

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

	Date of onset
Acute Gangrenous Appendicitis	7-15 33
c Generalized Appendicitis	
121A	
121B	

Other contributory causes of importance: 121C

Name of operation Appendectomy & Drainage Date of July 17, 1933

What test confirmed diagnosis? Operation 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? No

If so, specify .....

(Signed) William B Adams M. D.

(Address) 1755 S. Grand Blvd.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Benham and Co