

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

1 PLACE OF DEATH
COUNTY OF WASHOE

NEVADA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS DUPLICATE CERTIFICATE OF DEATH

TOWNSHIP OF _____

CITY OF Reno

(No. County Hosp)

State Index No. _____

LOCAL REGISTERED NO. 182

(If death occurred in a hospital or institution, give the NAME, number of street and number, and fill out No. 15.)

Full Name Harry Hocking Hunter

PERSONAL AND SEASONAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 MARRIAGE <u>Married</u>	10 DATE OF DEATH <u>July 12, 1904</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Aug 15, 1843</u> (Month) (Day) (Year)			11 I HEREBY CERTIFY, That I attended deceased from <u>Jan 5, 1904</u> to <u>July 12, 1904</u> and that death occurred on the date stated above at <u>1.30 P.M.</u>	
7 AGE <u>60 yrs 10 mo 27</u> In LESS than 1 day, 1 mo., or 1 yr.			12 CAUSE OF DEATH* was as follows: <u>apoplexy</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Mining Engineer</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Retired</u>			13 (Duration) <u>few min</u>	
9 BIRTHPLACE (State or country) <u>Calif</u>			14 (Secondary) <u>Paralysis agela</u>	
10 NAME OF FATHER <u>Edw'd Hunter</u>			15 (Duration) <u>3 yrs</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>			(Signed) <u>A. F. Adams, M. D.</u>	
12 NAME OF MOTHER <u>No Record</u>			<u>July 14, 1904</u> (Address) <u>Reno.</u>	
13 BIRTHPLACE OF MOTHER (State or country) " "			(1) Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
14a LENGTH OF RESIDENCE At place of Death <u>2</u> years <u>2</u> months In Month <u>20</u> years _____ months			16 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Hospital Residents Place of Usual Residence _____ How long at Place of Death _____ Days Where was disease contracted, if not at place of death? _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Inherent) <u>Thos. C. Hunter</u> (Address) <u>Sussexville, Calif.</u>			17 PLACE OF BURIAL OR INTERMENT <u>Mt. View Cemetery</u>	
15 Filed <u>July 29, 1904</u> <u>W. Heron</u> Per. <u>W. Heron</u> Filed _____ 1904 _____ Signature or Deputy.			DATE OF BURIAL <u>7/14, 1904</u> 18 UNDERTAKER <u>Rosa Burke, Reno</u>	



This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: Mary A. Anderson

Date: MAR 14 2006