

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.

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

PLACE OF DEATH

County _____
Township _____
or
Village _____
or
City St. Louis (NO. 6711^a Mitchell av St. W Ward)

Registration District No. 791 File No. 2030
Primary Registration District No. 1003 Registered No. 350

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Morris Reed Hutchings

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
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DATE OF BIRTH Nov. 29, 1911
(Month) (Day) (Year)

AGE 1 yrs. 1 mos. 11 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Missouri

PARENTS	NAME OF FATHER <u>Clark R. Hutchings</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>
	MAIDEN NAME OF MOTHER <u>Laura Johnson</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clark R. Hutchings

(ADDRESS) 6711 Mitchell av

Filed JAN 10 1913 Marcel Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 27, 1912, to Jan 9, 1913, that I last saw him alive on Jan 9, 1913, and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) ___ yrs. ___ mos. 13 ds.

Contributory Measles
(SECONDARY) (Duration) ___ yrs. ___ mos. 4 ds.
(Signed) Mont. W. Hamilton M. D.
1/10, 1913 (Address) 1259 1/2 High way

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Potosi Mo. DATE OF BURIAL Jan. 11, 1913

UNDERTAKER Wm. Kingshaver & Co. ADDRESS 4102 Manchester

