

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

35177

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1825 Penn St St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jno P Hutchinson deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 - 1833

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 | 4 | 19 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Groversville
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Giles Way

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Oliv Waters

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

14. INFORMANT Miss Oliv Katherine Hutchinson
(Address) 1825 Penn

15. FILED 1221, 19 19 M. M. Crowe REGISTRAR
KC

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1919

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1919, to Dec 19, 1919, that I last saw him/her alive on Dec 17, 1919, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumo-Pneumonia
149 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms only

(Signed) Frederick B. Brels M. D.
12/20, 1919 (Address) 311 Angelle Blvd, K.C. Mo.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Dec 22 1919

20. UNDERTAKER Oylan Bros ADDRESS 1800 Linwood

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.

