APR 20 1927

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

Do not use this space.

8653

1. PLACE OF DEATH
County: Jasper — Registration District No.: 4 — File No.:
Township: — Primary Registration District No.: 3 — Registered No.: 31
City: Not City (No.: Jasper Co Unit 5 P.O. Box — Ward)

2. FULL NAME: Maynard Hutchinson
(a) Residence. No.: (Usual place of abode) St.: Ward.
(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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Guy Hutchinson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 13 1891
7. AGE: Years 35 | Months 3 | Days 18 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

PARENTS
10. NAME OF FATHER: A. C. Elliff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Emma Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Guy Hutchinson
(Address): Joplin Mo.

15. FILED: 3/8 1927 R. M. Stormont, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 7 1927

17. I HEREBY CERTIFY, That I attended deceased from December 16, 1926, to March 7, 1927, that I last saw him alive on March 6, 1927, and that death occurred, on the date stated above, at 6:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
23 A
(duration) 1 yrs. 4 mos. 15 ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Unknown
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) W. Crumpy Hazlewood, M. D.
March 7 1927 (Address) Jasper County Tuberculosis Hospital, Webb City Missouri

*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: Forest Park Cem. — DATE OF BURIAL: 3-8- 1927
20. UNDERTAKER: Walter Wells — ADDRESS: Joplin Mo.

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.