

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

Do not use this space.

26689

OCT 25 1927

1. PLACE OF DEATH

County Cape Gir
Township Whitewater
City near Millersville

Registration District No. 124
Primary Registration District No. 5183

File No. _____
Registered No. 41
St. _____ Ward) _____

2. FULL NAME Martha Jane Hutson

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

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

37 SEX F. 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 Shelby Hutson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 9 15

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cape County MO
(STATE OR COUNTRY)

10. NAME OF FATHER M. J. Ross

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

12. MAIDEN NAME OF MOTHER Strodier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County MO
(STATE OR COUNTRY)

14. INFORMANT Caroline Ross
(Address) Cape Girauden MO

15. FILED 9-12-27 D. G. Seiber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1927, to Sept. 10, 1927 that I last saw him alive on Sept 9, 1927, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
10 (duration) yrs. mos. 15 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DEATH? ordinary physical no
(Signed) C. K. Staller, M. D.
9112, 1927 (Address) Jackson 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jarvis Cemetery DATE OF BURIAL 9-12 1927

20. UNDERTAKER Crocker-Miller Jackson MO

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.

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of ~~Lawrence~~