FEB 21 1928

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

Do not use this space.

757

1. PLACE OF DEATH
County Springfield Mo
Registration District No. 318
Township
Primary Registration District No. 2001
City Greenwood (No. ..... St. ..... Ward)
File No. .....
Registered No. 23

2. FULL NAME Mrs Vernon Hutchins
(a) Residence. No. 130 E Page St., ... Ward.
(Usual place of abode) (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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vernon Hutchins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1875

7. AGE Years 52 Months 6 Days 27 If LESS than 1 day, ... hrs. or ..... min.

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) New York
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Edward Boyce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Agnes Lang
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)

14. INFORMANT Mrs Vernon Hutchins
(Address) 130 Page SPRINGFIELD, MO.

15. FILED 1/11 1928 O C Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/9 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/29, 1927, to 1/9, 1928, that I last saw her alive on 1/9, 1928, and that death occurred, on the date stated above, at 9 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
130 (duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. ds.

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? Clinical Findings
(Signed) O C Horst, M. D
1/11, 1928 (Address) Springfield 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 Cox Lawn CEMETERY CEMETERY
DATE OF BURIAL 1/11 1928

20. UNDERTAKER H H Thomas
ADDRESS Springfield 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.