

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

Do not use this space.

15-938-a

1. PLACE OF DEATH

County Worth
Towship Allen
City Worth (No.)

Registration District No. 405
Primary Registration District No. 6216

File No.
Registered No.
St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word)

Widowed

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

Samuel E. Hutchison

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

1840-9-5

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

87

7

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

Penn.

10. NAME OF FATHER

Wm. Hutchison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

"

14.

INFORMANT
(Address)

J. P. Brown
Deer, Mo.

15.

FILED

July, 1928
L. H. Lang
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 12 1928

17.

I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw him alive on 19....., and that
death occurred, on the date stated above, at 10-30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Renal Hemorrhage
82A few hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic Interstitial Nephritis (duration) 1 yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

L. H. Lang, M. D.

, 19 (Address)

Deer, 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

DATE OF BURIAL

Grand City, Mo. April 13 1928

20. UNDERTAKER

ADDRESS

Brown Bros Deer

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.

