

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

15967

5-11-24

JUL 10 1924

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1. PLACE OF DEATH:

County Wright
 Township Wood
 City Wright (No.)

Registration District No. 909
 Primary Registration District No. 6222

File No.
 Registered No.
 St. Ward

2. FULL NAME

Mrs Alma Hutson

(a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH:

3. SEX

Female

4. COLOR OR RACE

white

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

Married

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

W. J. Hutson

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

Oct. 31, 1879

7. AGE

YEARS: 48 MONTHS: 5 DAYS: 28

If LESS than 1 day, hrs. 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) (STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John Nancy

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

Ky.

12. MAIDEN NAME OF MOTHER

Nora Woolley

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

Ky.

14.

INFORMANT W. J. Hutson
 (Address) Hartsville, Mo.

15.

FILED 5/11 1924 J. H. Hubbard
 REGISTRAR
By T. B. Bouldin, Jr.

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

Apr. 29 1924

17.

I HEREBY CERTIFY, That I attended deceased from 1924 to 1924
 that I last saw h. alive on April 29 1924 and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy or organic trouble dont know
at their was no Autopsy held
She died suddenly before they called
a Doctor

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Hubbard, M. D.
 , 19 24 (Address) Hartsville, 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

Prayer School
Road Cemetery

DATE OF BURIAL

4/30 1924

20. UNDERTAKER

None

ADDRESS

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of———(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wright
Township Wood
City..... (No..... St..... Ward)

Registration District No. 908
Primary Registration District No. 62238

File No.....
Registered No. 5069

2. FULL NAME

Mrs. Alma Hutson

(a) Residence. No..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1928

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

17. I HEREBY CERTIFY That I attended deceased from.....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1879

19..... 19.....
that I last saw h..... alive on Apr. 29 1928, and that death occurred, on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 | 5 | 28

THE CAUSE OF DEATH WAS AS FOLLOWS:

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.....

Apoplexy or organic trouble
don't know but there was
an autopsy held. She
died suddenly before they
called a doctor

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

CONTRIBUTORY (SECONDARY).....
7401

10. NAME OF FATHER John Roney

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

12. MAIDEN NAME OF MOTHER Anna Woolsey

WAS THERE AN AUTOPSY.....

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

WHAT TEST CONFIRMED DIAGNOSIS.....

14. INFORMANT W. T. Huttsell
(Address) Heartville, Mo.

(Signed) J. T. Vanroy, M. D.
4/30, 1928 (Address) Norwood, Mo.

15. FILED 7/4 1928
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Broyles School House DATE OF BURIAL 4/30 1928

20. UNDERTAKER none ADDRESS.....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Exact statement of OCCUPATION is very important. Do not be improperly assumed.

1965-1-5

June 11, 1928,

Dear Dr. Stewart:-

Would you kindly change the place of burial on Mrs. Alma Hutson certificate to Brazeal School House in place of the Raney cemetery as I misunderstood the burial place.

Very truly yours,

T.B. Bouldin

Would be very glad to have this certified copy returned by first mail, if it is possible.

T.B.B.

S-15967

Norwood, Missouri,

June 16, 1928,

Supplement

Dr. James Stewart,
State Registrar,
Jefferson City,
Mo.,

RECEIVED

JUN 13 1928

THE STATE BOARD OF HEALTH
MISSOURI

Dear Dr.:-

I very much regret having to return the Mrs. Alma Hutson Death Certificate for correction again, but in some way I was misinformed the 2nd. time as to the place of burial. I now find the right place of burial is the Broyles School House in place of the Brazeal School House.

Would you please make correction on the certificate, and return to me at your earliest convenience.

This certificate was obtained for the purpose of collecting life insurance, and I was afraid to risk letting the place of burial remain wrong, on the certificate.

Very truly yours,

J.B. Bouldin

S-15967