

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

Do not use this space.

29638

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Township Solomon Primary Registration District No. 3002
 City Meramec (No. 521) West Grove St. _____ (Ward)

File No. _____
 Registered No. 146

2. FULL NAME

Adelice Elizabeth Hutchinson
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-29-1928

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

17. I HEREBY CERTIFY That I attended deceased from 1-23-1928 to 9-29-1928
 that I last saw her alive on 9-28-1929, and that death occurred, on the date stated above, at 10:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1-1893

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 29

Carcinoma of Colon
460
 (duration) 1 yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) 4/5
 (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

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

10. NAME OF FATHER

Hutchinson

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Frank Jolley, M. D.
10/2, 1928 (Address) Mexico, Mo.

12. MAIDEN NAME OF MOTHER

Hutchinson

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

14.

INFORMANT Raymond J. Hutchinson
 (Address) Meramec, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Meramec, Mo. DATE OF BURIAL 10-2-1928

15.

FILED Oct 3rd 1928 Ira S. Milligan
 REGISTRAR

20. UNDERTAKER H. A. Reicht & Son ADDRESS Meramec, 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.

22 1928

