

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

Do not use this space.

1837

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 2424 Quelid)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4310  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Annis Hutchinson  
(a) Residence No. 2424 Quelid St. 4 Ward 4

(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**

Fe.

**4. COLOR OR RACE**

Colored

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

Widowed

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

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

Unk. 1863

**7. AGE**

YEARS 63

MONTHS \_\_\_\_\_

DAYS \_\_\_\_\_

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

At Home

(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)

Missouri  
Richard Glover

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unk.

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT  
(Address)

Alfred Lyons  
2424 Quelid

**15.**

FILED

1-28-29 M. M. Crowe  
Asst. REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

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

Jan. 25 1929

**17.**

I HEREBY CERTIFY That I attended deceased from

11/23/28 to 1/24/29  
that I last saw him alive on 11/24/28, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Aorta  
showing myocardial  
infarction

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

1/26, 1929 (Address) 1729 Lyden

\*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**

Highland Cem

1/28 1929

**20. UNDERTAKER**

**ADDRESS**

Watkins Bros.

1729 Lyden

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.

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m<sup>a</sup> Eloy.