

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

Do not use this space.

13922

85

PLACE OF DEATH

County Buchanan

Registration District No. 1001

File No. 504

Township St. Joseph, Mo.

Primary Registration District No. Missouri Methodist Hospital

City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME

(a) Residence. No. Saugette, Missouri St. Saugette, Mo.

(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 Female 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 M. J. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 22

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

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

10. NAME OF FATHER Oliver H. Hutton

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

12. MAIDEN NAME OF MOTHER Martha Brunell

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

14. INFORMANT M. J. Adams
(Address) Saugette, Mo.

15. FILED 15 19 1929
REGISTRAR Wm. E. [Signature]

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1929 to April 13, 1929
that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
93C Chronic hypochondriasis
(duration) unable to state yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic hepatitis
(duration) unable to state yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical findings
(Signed) M. J. Adams M. D.

4/13, 1929 (Address) 307 P.D. Bldg

*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 Memorial Park
Saugette, Mo. DATE OF BURIAL April 15, 1929

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 [unclear]

WHILE FURNISHING, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

