

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

Do not use this space  
**15920**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160  
Township Central Primary Registration District No. 4470  
City University City (No. 919) 64<sup>th</sup> St. St. 51 (Ward)

File No. 51

Registered No. 1160

**2. FULL NAME**

Robert Lawson Hutson

(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 2 18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Attendant  
(b) General nature of industry, business, or establishment in which employed (or employer) Gasoline Station  
(c) Name of employer Standard Oil Co

9. BIRTHPLACE (CITY OR TOWN) Marie Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Robert P. Hutson

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

12. MAIDEN NAME OF MOTHER Flora Hayes

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

14. INFORMANT Robert P. Hutson  
(Address) 919 - 64<sup>th</sup> ST. -

15. FILED 5/1 1929 Dr. P. Fitz Gerald REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1929

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1929, to April 30, 1929, that I last saw him alive on April 30, 1929, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Adeno Carcinoma Thyroid  
83E

(duration) 3024 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44  
(duration) \_\_\_\_\_ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? City Hospital records  
(Signed) C. P. Peters, M. D.  
5-1, 19 29 (Address) 6070 Maple ave

\*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 ST. James Mo. DATE OF BURIAL May 2 1929

20. UNDERTAKER Chmer Shepard ADDRESS 1167 Hamilton

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.

**UN 28 1929**

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WHILE LIVING, WITH ONFACING INK—THIS IS A PERMANENT RECORD

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18  
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Dr. Greenwell.