

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

Do not use this space.

28199

1. PLACE OF DEATH

County Johnson
Township Jackson
City (No. _____) _____ St. _____ Ward _____

Registration District No. 435
Primary Registration District No. 5592

File No. _____
Registered No. 16

2. FULL NAME

James Edwin 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 63 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Ann Newman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 | 1 | 9 | 10 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Kentucky

10. NAME OF FATHER James Hutchinson

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

12. MAIDEN NAME OF MOTHER Catherine Rouse

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

14. INFORMANT (Address) James N. Hutchinson
Wassersburg Mo

15. FILED Aug 16 1929 L. J. Turnbow
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 29 to Aug 9 1929
I last saw him alive on Aug 8 1929, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. myocarditis
Ch. ulcerative colitis

CONTRIBUTORY (SECONDARY) Cardiac Failure

18. WHERE WAS DISEASE CONTRACTED (duration) _____ yrs. mos. ds.

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No

What TEST CONFIRMED DIAGNOSIS? History Laboratory, Physical

(Signed) J. V. Bess

Address Booths, Gas. St. City

*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

Crematory DATE OF BURIAL Aug 11 1929

20. UNDERTAKER

T. Goodman ADDRESS Holden Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

51
SEP 25 1929
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.

