

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

34728

1. PLACE OF DEATH

County.....*Jefferson*
Towship.....*Madison*
City.....*(No)*

Registration District No.....*702*
Primary Registration District No.....*4423*

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

Charlie P. Hutchins

(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 *Male* 4. COLOR OF RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 6, 1886*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 5 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Walnut Grove*
(STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *Eli S Hutchins*

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

12. MAIDEN NAME OF MOTHER *Parmelia Tucker*

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

14. INFORMANT *E S Hutchins*
(Address) *4 Air View Mo*

15. FILED *Mo 27 1929* *Char H Brown*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 26* 19 *29*

17. I HEREBY CERTIFY That I attended deceased from *Oct 26* 19 *29* to *Oct 26* 19 *29*
that I last saw him alive on *Oct 26* 19 *29*, and that death occurred, on the date stated above, at *2:30 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Undetermined

CONTRIBUTORY (SECONDARY) *20 513*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: *✓*

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF *✓*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*

(Signed) *Char H Brown*, M. D.

Mo 27, 19 *29* (Address) *4 Air View Mo*

*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 *Gravels Mo*

DATE OF BURIAL *Oct 26* 19 *29*

20. UNDERTAKER *Howard*

ADDRESS *Gravels Mo*

