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

Do not use this space.

40848

5255

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City K. C. Mo. (No. 2433 Independence Ave. St. Ward)

**2. FULL NAME** Rosella Dorcas Hutton

(a) Residence. No. 2433 Independence Ave 9 Ward. (If nonresident, give city or town and State)
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Fe | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry H. Hutton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 - 1895

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 34 | 10 | 21 | |

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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

2

PARENTS

10. NAME OF FATHER Ozni Hall

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

12. MAIDEN NAME OF MOTHER Julia E Schloterbeck

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

14. INFORMANT Dr. Harry H. Hutton
(Address) 2433 Independence Ave.

15. FILED 12/21, 1929 M. M. Crowe ass't REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

(3)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to 12 - 20, 1929 that I last saw her alive on Dec. 15, 1929, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Cervix Uteri
48
71B
36
(duration) 2 yrs. mos. ds.

46

CONTRIBUTORY (SECONDARY) Anemia + Sepsis
(duration) yrs. 6 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? Physical findings

(Signed) Cly Dr O Donaldson, M. D.

12/20, 1929 (Address) 738 Lathrop Bldg K C 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 | DATE OF BURIAL |
|---|---|
| Mount Washington | Dec. 21 1929 |
| 20. UNDERTAKER | ADDRESS |
| Mrs. C. L. Forster | K. C. Mo. |

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.

~~Ben 0423~~ 238