

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

Do not use this space.

21007
~~21105~~

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo

Registration District No. 791
Primary Registration District No. 11003
(No. 35089 Utah St)

File No.....
Registered No. 5837
St. Ward)

2. FULL NAME

(a) Residence. No. St., 16 Ward. Cressie A Hutchings
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX, <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed L Hutchings</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 16 1884</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9 1930, to June 14 1930, that I last saw her alive on June 14 1930, and that death occurred, on the date stated above, at 21 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108

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) At Home

(c) Name of employer Unknown

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

(Signed) Wm. D. Kew, M. D.

16, 1930 (Address) 1446 Street

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

10. NAME OF FATHER Unknown Wise

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

12. MAIDEN NAME OF MOTHER Unknown

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wichita Kansas

DATE OF BURIAL June 16 1930

20. UNDERTAKER Am. Robert

ADDRESS 195 S Grand St

14. INFORMANT Ed L Hutchings
(Address) 35089 Utah St

15. FILED 16 1930 REGISTRAR Max W. [Signature]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. 235 2 91

