

SEP 26 1930

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

Do not use this space.

27559

1. PLACE OF DEATH

County Pike
Township Ashley
City (No.) (St.) (Ward)

Registration District No. 683
Primary Registration District No. 5911

File No.
Registered No.

2. FULL NAME

J. A. Hutchison
(a) Residence No. County Farm St. Ward.
(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

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) 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 67

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Mo

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

A. J. Hester
(Address) Ashley Mo

15. FILED

Aug 14, 1930 O. R. M. Hetherlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8-12 1930 to 8-14 1930 that I last saw him alive on 8/14 1930 and that death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH* AS FOLLOWS:

Paralysis

CONTRIBUTORY (SECONDARY) 54 yrs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Wilcox M. D.

Aug 14, 1930 (Address) Camden 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

Louisiana, Mo. DATE OF BURIAL Aug 15 1930

20. UNDERTAKER

7. C. Haley Jr. ADDRESS Southern 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.

Dr. Williams
of the
University

Dr. Williams