OCT 28 1930

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

Do not use this space.

29727

14

1. PLACE OF DEATH

County Henry   Registration District No. 4211   File No.

Township K   Primary Registration District No.   Registered No. 34

City Windsor   (No.   ,   St.   Ward)

2. FULL NAME John Marion Hutson

(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   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS	2 MEDICAL CERTIFICATE OF DEATH

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 Rosa Peters

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4-1870

7. AGE YEARS 60   MONTHS 1   DAYS 29   If LESS than 1 day, ...hrs. or ....min.

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

PARENTS

10. NAME OF FATHER Abe Hutson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs John Hutson
(Address)

15. Sept 4 1930   J D Jennings   REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2-30 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 1929, 19   to Sept 2 19 30 that I last saw h   alive on 9-2-30 19   , and that death occurred, on the date stated above, at 8.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sudden — probably from Heart volvulor lesion (mital)

92A   (duration)   yrs.   mos.   ds.

CONTRIBUTORY (SECONDARY)   (duration)   yrs.   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?

(Signed) H M Wall   , M.D.
9-4-1930 (Address) Windsor 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 Windsor Mo.

DATE OF BURIAL 9-4-30 19

20. UNDERTAKER HUSTON'S FUNERAL CHAPEL

ADDRESS Windsor