

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

Do not use this space.

39744

PLACE OF DEATH

County Jackson
Township Oak Grove
City Oak Grove (No. _____)

Registration District No. 402
Primary Registration District No. 4237

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME Rebecca Ann Hutchins

(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

3. SEX Female **4. COLOR OR RACE** Wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm G Hutchins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 3 16

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

10. NAME OF FATHER Louis Williams

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

12. MAIDEN NAME OF MOTHER Nancy York

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

14. INFORMANT Noah Hutchins
(Address) Oak Grove, Mo.

15. FILED 12/31, 1930 Att Mann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1925, to Nov 16 1930
that I last saw her alive on Nov 16, 1930, and that death occurred, on the date stated above, at 5:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary insufficiency
95B
102

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) High blood pressure

(duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) C. Linton, M. D.

. 19 _____ (Address) Oak Grove 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 Lone Jack Cem **DATE OF BURIAL** 12/18 1930

20. UNDERTAKER Y. O'Neil & Oak Grove, Mo. **ADDRESS**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 20 1931

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