

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.

MAY 2 1 1931

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

Do not use this space.

13389

1. PLACE OF DEATH
 14 County Callaway Registration District No. 108
 Township Calwood Primary Registration District No. 5157a
 City Charlie Alexander Hutchens St. _____ Ward _____

2. FULL NAME Charlie Alexander Hutchens
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Hutchens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1931 to April 8 1931
 I last saw him alive on April 6 1931. Death is said to have occurred on the date stated above, at 6a m.
 The principal cause of death and related causes of importance were as follows:
Bright disease
 Date of onset _____

Other contributory causes of importance 1925 / 1927

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo !

13. NAME Ben Hutchens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT George Stanfast
 (ADDRESS) Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Hope DATE April 9 1930

19. UNDERTAKER Leo G. Wallace
 (ADDRESS) _____

20. FILED April 9 1931 R. S. Dimesse
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place: _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify R. S. Dimesse, M. D.
 (Signed) _____ (Address) Fulton Mo

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