

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

Do not use this space.

16876

1. PLACE OF DEATH

County Nevada
Township.....
City Nevada (No. 29)

Registration District No. 875
Primary Registration District No. 1269
2039

File No.....
Registered No. 107
St. Ward)

2. FULL NAME

Kate Hutchell
(a) Residence. No. St. Joseph # 3 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-11-1871</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>-</u>	DAYS <u>-</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) Neubourne 31
(STATE OR COUNTRY) 31

10. NAME OF FATHER E D Hutchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Neubourne
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Neubourne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neubourne
(STATE OR COUNTRY) 31

14. INFORMANT deaf record
(Address)

15. FILED 5/5/1931 E. P. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1931

17. I HEREBY CERTIFY, That I attended deceased from April 12 1931, to April 19 1931, that I last saw her alive on April 19 1931, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Baccha pneumonia
12.7 B
10.7 A (duration) yrs. mos. 7 ds.
CONTRIBUTORY Acute Cholecystitis
(SECONDARY)
(duration) yrs. mos. 10 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? Physical findings
(Signed) F. J. Martin M. D.
, 19 (Address) Nevada 240

*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 DATE OF BURIAL
State Hospital Cemetery April 29 1931

20. UNDERTAKER ADDRESS
First Funeral Home Nevada

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 27 1931

