

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

Do not use this space.

**24311**

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 104 1/2 South 3rd)

File No.

Registered No. 799

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frances E. Hutton

(a) Residence, No. 104 1/2 South 3rd 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James O. Hutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 16 1862

7. AGE YEARS 69 MONTHS 5 DAYS 12 (If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Penney Panham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston, Texas

15. MAIDEN NAME Lenora Heigher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) James O. Hutton

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 30, 1931

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, St. Joseph, Mo.

20. FILED 7-30-1931 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to July 28, 1931  
I last saw h. she alive on July 20, 1931. Death is said to have occurred on the date stated above, at 11:9 a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer Uterus & metastasis  
48  
49  
60

Date of onset Unknown

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_

(Signed) Cecelia King Mc Gill M. D.  
(Address) Parlor "Rockaway Hotel"

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.

BIRTH

WHITE / PALE / WITH UNFADING MARKS THIS IS A FEMININE RECORD

100

100