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

Do not use this space.

25528

1. PLACE OF DEATH
County: Lawrence
Township: Ozark
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 474
Primary Registration District No. 3638

File No. .....
Registered No. 6

2. FULL NAME: William R. Hutchinson
(a) Residence. No. ..... Halltown Mo St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AUG 26 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Laura V. Hutchinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	5	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) ..... Illinois
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER: Hutchinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Illinois
(STATE OR COUNTY)
12. MAIDEN NAME OF MOTHER: Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY) Illinois

14. INFORMANT: Rex Clark
(Address): Halltown Mo

15. FILED 7/8, 1931 Mrs Eliza Miller
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1931

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to July 3, 1931, that I last saw him alive on July 2, 1931, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart disease
TPB
TPB
KDB (duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Cerebral Embolism
TPB (duration) ..... yrs. ..... mos. 5 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) Dr. C. M. Barr, M. D
7-5, 1931 (Address) Halltown, 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: Rock Prairie Cemetery — DATE OF BURIAL: 7/6 31

20. UNDERTAKER: Rex J. Clark — ADDRESS: Hacetown Mo

#2404