

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

Do not use this space.

25601

**1. PLACE OF DEATH**

County Macon Registration District No. 532  
Township \_\_\_\_\_ Primary Registration District No. 4318  
City LaPlata (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Sarah A Hutchens  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF a Hutchens  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1857  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 14  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) Ill

13. NAME Martin Meador

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Margaret Reed

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

17. INFORMANT Lou Hutchens  
(ADDRESS) LaPlata Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilson Town DATE Aug 2 1931

19. UNDERTAKER W. J. Christie  
(ADDRESS) LaPlata Mo

20. FILED Aug 2 1931 W. B. Buckley  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

4  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1931  
22. I HEREBY CERTIFY, that I attended deceased from June 14 1931, to July 31 1931  
I last saw her alive on July 31 1931. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:  
Fatty degeneration heart. Date of onset \_\_\_\_\_  
666 666  
930  
113  
Other contributory causes of importance:  
Hypertrophic Emphysema Lung  
Obesity  
Hypothyroidism  
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? NO  
If so, specify \_\_\_\_\_  
(Signed) HO Newton, M. D.  
(Address) LaPlata Mo

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.

