

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

Do not use this space.

1050

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. 88
 Township Haw Primary Registration District No. 1002 Registered No. 88
 City Kansas City (No. 4234 Locust) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4234 Locust St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen B. Hutchings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 - 1858</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Indiana</u>	<u>2</u>	
FATHER	13. NAME <u>Edward H. Brackett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Albert E. Hutchings</u> (ADDRESS) <u>3844 Paces</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>January 12, 1932</u>		
19. UNDERTAKER <u>O. N. Newsome's Sons</u> (ADDRESS) <u>2111 E. 9th St.</u>		
20. FILED <u>Jan 11, 1932</u> M. D. <u>Ernest</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1932, to Jan 9, 1932
 I last saw her alive on Jan 8, 1932 Death is said to have occurred on the date stated above, at 2:45 P. m.
 The principal cause of death and related causes of importance were as follows:
Nephritis, Chronic Date of onset 131
92A 131
 Other contributory causes of importance:
Valvular Heart Disease (Mitral)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) B. B. Powell, M. D.
 (Address) 926 Moore

