WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 24 1932

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

Do not use this space.

1538

1. PLACE OF DEATH

51 County Johnson — Registration District No. 431

6 Township Warrensburg, — Primary Registration District No. 3023

City Warrensbueg (No. ..... , ... St. ..... Ward)

File No. .....

Registered No. .....

7 2. FULL NAME Andrew J Hutchison

(a) Residence, No. 206 Tyler St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn Hutchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20. 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	3	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) about 20 years ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

FATHER

13. NAME Alexander Hutchison 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

MOTHER

15. MAIDEN NAME Zerelda Clagett

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

17. INFORMANT (ADDRESS) Mrs A. J. Hutchison Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg DATE Jan. 32 1932

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Warrensburg, Mo

20. FILED Feb 8 1932 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, to Jan 29 1932

I last saw him alive on Jan 29 1932 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Jan 1 1931

93C 93C

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm E Johnson, M. D.

(Address) Warrensburg Mo