

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

Do not use this space.

3740

1. PLACE OF DEATH  
 10 County Brown Registration District No. 73  
 Township Columbia Primary Registration District No. 5112  
 City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Gay E. Hutchins  
 (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.

File No. \_\_\_\_\_  
 Registered No. 33  
 St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lennie White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1978

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 2 hrs. or min. 58 11 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 20 yrs 16 mos  
 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) Johnson County Mo

FATHER  
 13. NAME Samuel Hutchins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER  
 15. MAIDEN NAME Sarah Warden  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) J. P. Schmitz 632 Passaic Ave Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo DATE 2/23/82

19. UNDERTAKER (ADDRESS) Thos. Wenzel Columbia Mo

20. FILED 2/22/82 1982 Allie Selby Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1982

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1982, to Feb 22, 1982, 19\_\_\_\_.

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at about 5:00 A.M.

The principal cause of death and related causes of importance were as follows:  
Automobile accident  
interior mel hemorrhage  
due to injury of lungs & intestines. Thrown from auto when car hit bridge. accident occurred 5 mi. W. of Columbia  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation 210 Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? (5) 207

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 2-22-1982  
 Where did injury occur? 5 mi. W. of Columbia Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury Thrown from auto in accident  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) E. L. Dang, M.D. M.D.  
 (Address) Columbia Mo.

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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

