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.

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

Do not use this space.

4647

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 502

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 622 Benton Blvd. St. Ward)

2. FULL NAME James I. Hutton

(a) Residence, No. 4114 Harrison St. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Eliza B. Hutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1859

7. AGE: YEARS 72 — MONTHS 3 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk
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) Virginia 2

FATHER

13. NAME Gardner P. Hutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Mary E. Potter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Eliza Hutton 4114 Harrison St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb. 9 1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 W. 42nd St. K. C. Mo

20. FILED 2/8 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

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

Chronic myocarditis — Date of onset

936

99 932

Other contributory causes of importance:

arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Deputy 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?

If so, specify

(Signed) Stanley M. Hall, M. D.

(Address) Deputy Coroner