

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

Do not use this space.

9278

1. PLACE OF DEATH

66 County Miller Registration District No. 561 File No. _____
 Township Franklin Primary Registration District No. 5755 Registered No. 29
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Levi Douglas Dutcher
 (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

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Hovory-Dutcher

22. I HEREBY CERTIFY, That I attended deceased from July 23 1932 to March 25 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1860

I last saw him alive on March 25 1932 Death is said to have occurred on the date stated above, at 6:00 P.m.

7. AGE YEARS 71 MONTHS 8 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

General Septicemia 1911 36 1914 (C)
 Date of onset

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 _____

Other contributory causes of importance: Infectious Bursitis of hip

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

MOTHER 13. NAME Levi Dutcher

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Jane Kelsay

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

17. INFORMANT Ida Dutcher-Porter (ADDRESS) Edson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Rock Cem DATE 3-26 1932

19. UNDERTAKER W. A. Phillips (ADDRESS) Edson Mo.

20. FILED 3-26 1932 Belle Haynes Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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? No

If so, specify _____ (Signed) J. W. Walker M. D.
 (Address) Edson Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. APR 28 1932

