

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

Do not use this space.

13023

1. PLACE OF DEATH  
 51 County Johnson Registration District No. 131  
 6 Township Warrensburg Primary Registration District No. 3023  
 7 City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ora Belle Hutson  
 (a) Residence, No. 503 S Maguire St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Lee Hutson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1873

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>58</u>	<u>4</u>	<u>23</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Fredonia (STATE OR COUNTRY) Kansas 2

13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) 31

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY)

17. INFORMANT True Hutson, (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE May. 1, 1932

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

20. FILED 4/30 1932 Wm Phillips Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5<sup>th</sup> 1930 to April 30<sup>th</sup> 1932  
 I last saw him alive on April 19<sup>th</sup> 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:

Pulmonary Tuberculosis Date of onset \_\_\_\_\_  
231-023

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_

(Signed) O. B. Hall, M. D.  
 (Address) Warrensburg, 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.

APR 25 1932

