

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

Do not use this space.

22412

1. PLACE OF DEATH

33 County Demt Registration District No. 266
Township Short Bedd Primary Registration District No. 3-377 File No. _____
City _____ (No. _____) Registered No. 41 St. _____ Ward _____

2. FULL NAME

E H Hutson
(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

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 Sarah Asher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Pike Co Missouri

13. NAME Geo. Hutson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Nancy Hutson

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

17. INFORMANT Dan Hutson
(ADDRESS) Sligo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nash Cem DATE 7/14 1932

19. UNDERTAKER Carl K Spencer
(ADDRESS) Salem

20. FILED 7/14 1932 H. C. Ruddle Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 19 1929, to July 10 1932
I last saw h. or alive on July 10 1932 Death is said to have occurred on the date stated above, at 10.45 P M
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1928

Other contributory causes of importance High tension

Name of operation no Date of _____
What test confirmed diagnosis? renal imp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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) H. C. Ruddle Jr, M. D.
(Address) Salem Mo

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.

AUG 23 1932

