

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

Do not use this space.

28797

1. PLACE OF DEATH

County Clinton Registration District No. 2-16
Township Abbeville Primary Registration District No. 283
City (No.) St. Ward

2. FULL NAME

Mary A. Hutchison
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. W. Hutchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 16

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

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Missouri

FATHER 13. NAME William Tillery

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

MOTHER 15. MAIDEN NAME Susan Poe

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Sue Hutchison (ADDRESS) Hawes, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE Sept 24, 1932

19. UNDERTAKER H. A. Sullins (ADDRESS) Hawes, Mo.

20. FILED 9-24, 1932 J. C. Quinn Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1932, to Sept 23rd, 1932. I last saw him alive on Sept 21st, 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.. The principal cause of death and related causes of importance were as follows:

Lobular pneumonia
1932
1877 132
Other contributory causes of importance: respiratory
Date of onset

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) J. C. Starks, M. D. (Address) Hawes, 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.

OCT 25 1932

