

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

Do not use this space.

**84652**

1. PLACE OF DEATH *Andram Hospital*  
 4 County *Andram* Registration District No. *26*  
 4 Township *Salmon* Primary Registration District No. *3002*  
 7 City *Mexico* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME *George W. Hutcherson*  
 (a) Residence No. *Jonesburg Mo* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. *125*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 9 1892*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*79. - -*  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *953*  
*Wagoner - 97*  
 (b) General nature of industry, business, or establishment in which employed (or employer) *983*  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11-3-1932*  
 17. I HEREBY CERTIFY, That I attended deceased from *10-19*, 1932, to *11-3*, 1932, that I last saw him alive on *11-3*, 1932 and that death occurred, on the date stated above, at *845 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Amputation R foot Gangrene*  
*Arterio Sclerosis*  
*Cardio Nephritis*  
 (duration) *5* yrs. mos. ds.  
 CONTRIBUTORY *Gangrene right foot*  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH *Yes* DATE OF *10-31-32*  
 WAS THERE AN AUTOPSY? *no*  
 WHAT TEST CONFIRMED DIAGNOSIS *Clinical*  
 (Signed) *Frank Jolley*, M. D.  
 11-3, 1932 (Address) *Mexico, Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) *Warren Co. Mo*  
 (STATE OR COUNTRY) \_\_\_\_\_  
 10. NAME OF FATHER *John Hutcherson*  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Va.*  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER *Ethna Goodell*  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Warren Co. Mo*  
 (STATE OR COUNTRY) \_\_\_\_\_  
 14. INFORMANT *Louis Hutcherson*  
 (Address) *Jonesburg Mo*  
 15. *No 4-1932* *Geo S Milligan*  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Jonesburg Mo* DATE OF BURIAL *Nov 5 1932*  
 20. UNDERTAKER *C W Thurman* ADDRESS *Jonesburg 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.

1932

447

11