

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.

JAN 9 1932

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

Do not use this space.
36849

1. PLACE OF DEATH
 92 County St. Charles Registration District No. 760
 Township Carroll Primary Registration District No. 6001
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME
Lawson Wilson Hutchins
 (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 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 - 1866</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>—</u>	<u>11</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harmon</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Harmon</u>			
	10. Date deceased last worked at this occupation (month and year) <u>11 - 19 - 32</u>		11. Total time (years) spent in this occupation <u>2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox city Mo</u>				
FATHER	13. NAME <u>Elijah Hutchins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Terrell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Adelin Goetz</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Knox city Mo</u>		DATE <u>11 - 22 - 32</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. W. ...</u>				
20. FILED <u>11/20</u> , 19 <u>32</u> <u>W. W. ...</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Field, 1932
 I last saw him alive on Nov 21, 1932. Death is said to have occurred on the date stated above, at 4 P m.
 The principal cause of death and related causes of importance were as follows:
General arteriosclerosis Date of onset 1928
coronary thrombosis 1932
82A
97
 Other contributory causes of importance: 5

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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? _____
 If so, specify _____
 (Signed) W. W. ..., M. D.
 (Address) St. Charles Mo

