

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

38881

1. PLACE OF DEATH

21 County Chariton
Township Salt Creek
City (No. _____) _____

Registration District No. 172
Primary Registration District No. 5239

File No. _____
Registered No. 13 Ward _____

2. FULL NAME

Emma Hutchinson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyrus Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Chariton Co Mo

13. NAME James Akers

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

15. MAIDEN NAME Mary Akers

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

17. INFORMANT Cyrus Hutchinson (ADDRESS) Marcelline Mo

18. BURIAL, CREMATION, OR REMOVAL Rose Hill DATE Dec 21 1932

19. UNDERTAKER Jas. M. Tangher (ADDRESS) Marcelline Mo

20. FILED Dec 20 1932 W. D. West Registrar

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1932

I HEREBY CERTIFY that I attended deceased from Dec 9th 1932 to Dec 19 1932
I last saw her alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12-9

820A
97
J. D. A.

Other contributory causes of importance: Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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. D. A. M. D.
(Address) 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.

JAN 22 1934

