

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Crane Creek
City (No.) St. Ward

Registration District No. 3-2
Primary Registration District No. 5046

File No. 109
Registered No.

2. FULL NAME Miller 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6th, 1912

7. AGE YEARS 20 MONTHS 29 DAYS 29 If LESS than 1 day, hrs. or min.

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) Barry County Missouri

13. NAME Cornelius Hutchison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri

15. MAIDEN NAME Maudie Clanton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri

17. INFORMANT (ADDRESS) John Hutchison Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sea Cemetery DATE 1/6 1933

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo

20. FILED Jan 15, 1933 J. H. Hutchison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 5, 1933. I last saw him alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 1:45 p. m.

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

Meningitis Date of onset 1-3-33
Influenza 1-1-33

Name of operation Date of

What test confirmed diagnosis: Chlorine 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. H. Hutchison, M. D.
(Address) Aurora 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry Registration District No. 29 File No. 1
 Township Crane Creek Primary Registration District No. 5046 Registered No. 1
 City (No. St. Ward)

2. FULL NAME

Miller Hutchinson
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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 6, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 29

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) Barry County, Mo.

13. NAME Israeline Hutchinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Mo.

15. MAIDEN NAME Maude Denton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

17. INFORMANT (ADDRESS) John Hutchinson, Curran, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Cemetery DATE 1/6/33

19. UNDERTAKER (ADDRESS) King Funeral Home, Curran, Mo.

20. FILED Jan 5 1933 Mrs. H. R. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1933 to Jan 5, 1933

I last saw him alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 1430 hrs.

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

meningitis Date of onset 1-3-33

Other contributory causes of importance: Influenza 1-1-33

Name of operation Date of Amputation
 What test confirmed diagnosis Amputation 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) R. J. Townsend, M. D.
 (Address) Curran, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 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.

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