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.

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

Do not use this space.

8539

85

Registration District No. 1001

Primary Registration District No.

File No.

Registered No. 237

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph (No. 6519 King Hill Ave. St. Ward)

2. FULL NAME Edith Alma Hutton

(a) Residence, No. 6519 King Hill Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aubrey T Hutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1884

7. AGE: Years 48 | Months 5 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Helena
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John W. Meano

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

MOTHER

15. MAIDEN NAME Mary McDonald

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

17. INFORMANT Aubrey T. Hutton
(ADDRESS) 6519 King Hill Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE March 4, 1933 19

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 King Hill Ave.,

20. FILED March 3 - 1933 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May 16 1932 to March 2 1933

I last saw her alive on March 2, 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

	Date of onset
Carcinoma Rectum	1931
4 yrs	
Pneumonia	

Other contributory causes of importance:

Unknown.

Name of operation Colostomy Date of 6/30/32

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) A. P. Simmons, M. D.

(Address) St. Joseph Mo