

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

Do not use this space.

**23148**

**1. PLACE OF DEATH**

County Jackson  
Township St. Louis  
City Kansas City Mo (No. 1912 E. 16th St.)

Registration District No. 399  
Primary Registration District No. 1912 E. 16th St.

File No. 2852  
Registered No. 2852  
St.          Ward         

**2. FULL NAME**

Allen Hutchinson

(a) Residence, No. 1912 E. 16 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)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Wal. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 yrs. -3 -23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor  
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) Gasper Co. Tenn.

13. NAME Park Hutchinson

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

15. MAIDEN NAME Ellen Hutchinson

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

17. INFORMANT (ADDRESS) Hattie Hutchinson 1912 E. 16th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE 7-11-23

19. UNDERTAKER (ADDRESS) Boyle Bros. 1708 Grand St. Mo.

20. FILED July 10, 1933 Registrar         

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1933

22. I HEREBY CERTIFY That I attended deceased from 7-7-33 to 7-8-33, 1933. I last saw her alive on 7-8-33. Death is said to have occurred on the date stated above, at 8:23 pm. The principal cause of death and related causes of importance were as follows:

Intermittent nephritis  
151  
92A  
131  
Date of onset         

Other contributory causes of importance: Valvular Heart Disease

Name of operation None Date of           
What test confirmed diagnosis?          Was there an autopsy?         

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? If so, specify          (Signed) W. J. Miller M. D. (Address) 211 West Center

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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