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.

FEB 27 1934

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

Do not use this space.

1958

1. PLACE OF DEATH

County New Madrid — Registration District No. 55 — File No. 10

Township ~~Anderson~~ — Primary Registration District No. 4033 — Registered No. 1016

City Gideon, Mo. — No. ..... St. ..... Ward)

72 2 6

2. FULL NAME James Monroe 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Hutchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1873

7. AGE — YEARS 60 — MONTHS 9 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Cobden, Ills

FATHER

13. NAME Fred Hutchison

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

MOTHER

15. MAIDEN NAME Margaret Paskell

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

17. INFORMANT (ADDRESS) Leonard Hutcison Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield Cem DATE Jan 24 1934

19. UNDERTAKER (ADDRESS) Rev. Meentemeyer Gideon Mo

20. FILED Feb 10 1934 M. D. Mumma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21st. 1934, 19 to Jan. 23rd. 1934, 19

I last saw him alive on Jan. 22nd., 19 Death is said to have occurred on the date stated above, at 8 A. m.

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

	Date of onset
Lobar Pneumonia.	1-20
Left lower lobe.	1934

108
162

Other contributory causes of importance: Senility.

108

Name of operation ..... 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) Frank Egner, M. D.

(Address) Gideon, Mo.