

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.

MAR 24 1934

7405

1. PLACE OF DEATH

97 County Saline  
Township Marshall  
City..... (No.....) St..... Ward.....

Registration District No. 796  
Primary Registration District No. 0039

File No.....  
Registered No. 30

2. FULL NAME

Richard C. Hutchinson

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1877

7. AGE YEARS 56 MONTHS 7 DAYS 24 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) Saline Co Mo.

13. NAME Pasquel Hutchinson

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

15. MAIDEN NAME Fannie Christian

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

17. INFORMANT Mrs. J. B. Gaudin (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Mar 2 1934

19. UNDERTAKER D. W. Campbell (ADDRESS) Marshall Mo

20. FILED 3/11 1934 A. W. Vase Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 27 1934 to Jan 28 1934  
I last saw him alive on Jan 25 1934 Death is said to have occurred on the date stated above, at 2 P m.

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

Influenza  
Strepto Coccid  
Throat  
Date of onset 6 days  
Other contributory causes of importance: 3 days

Name of operation..... Date of.....  
What test confirmed diagnosis? Querc 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?.....  
If so, specify.....

(Signed) M. J. Vase, M. D.  
(Address) Marshall Mo

