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

MAY 25 1934

Do not use this space.

9755

1. PLACE OF DEATH
County Moniteau — Registration District No. 574 — File No. 1934
Township Linn — Primary Registration District No. 5772a — Registered No. 4
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Ellen 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: 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 Monroe Hutchison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1866
7. AGE: YEARS 67 — MONTHS 1 — DAYS 28 — 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) (STATE OR COUNTRY) North Carolina

FATHER
13. NAME Pleasant Hutchison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Harriot Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Henry Hutchison
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Lion DATE 3/10 1934
19. UNDERTAKER (ADDRESS) C Albert Hornbeck, Prairie Home Mo
20. FILED Mar 31, 1934 Ellis E Raike, Registrar.

MEDICAL CERTIFICATE OF DEATH

(1)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 8, 1934
22. I HEREBY CERTIFY, That I attended deceased from 3 - 4, 1934, to 3 - 8, 1934
I last saw her alive on 3 - 7, 1934 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/4/34
Apoplexy	
82A	

Other contributory causes of importance:

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) A L Meredith, M. D.
(Address) Prairie Home Mo