

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73

Township Columbia Primary Registration District No. 3006

City Columbia University Hospital

File No. 19491
Registered No. 155
St. _____ Ward _____

2. FULL NAME

John Robert Hutchison

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 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 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) June 28, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 13 hrs. min.

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

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) Columbia, Mo.

13. NAME A. Ross Hutchison

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

15. MAIDEN NAME Palmer Kingsbury

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

17. INFORMANT A. Ross Hutchison (ADDRESS) Estill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Frankl. DATE 6-29 1934

19. UNDERTAKER Parker Furniture Co. (ADDRESS) Columbia, Mo.

20. FILED 6/29/34 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28 1934, to June 29 1934
I last saw him alive on June 29 1934 Death is said to have occurred on the date stated above, at 11.0 a.m.

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

Prematurity
159 7 m.o.

Other contributory causes of importance: MS

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? No 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? Y

If so, specify _____ (Signed) Law & Spivey, M. D.

(Address) Columbia, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 20 1934

