

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

McNeil
Do not use this space.
25864
File No. **244**
Registered No. **668**
St. _____ Ward _____

1. PLACE OF DEATH

County **Pettis** Registration District No. **668**
Township _____ Primary Registration District No. **3032**
City **Sedalia** (No. **1804 So. Park**) St. _____ Ward _____

2. FULL NAME Monroe Hutchison

(a) Residence, **1804 So. Park** 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hutchison		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1857		
7. AGE YEARS 76	MONTHS 11	DAYS 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.		
13. NAME Andy Hutchison		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.		
15. MAIDEN NAME Martha Chandler		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.		
17. INFORMANT Henry Hutchison (ADDRESS) Sedalia Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE July 19 1934		
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo		
20. FILED 7-17-34 Jean Slack Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 5**, 19**34** to **July 17**, 19**34**.
I last saw him alive on **July 14**, 19**34**. Death is said to have occurred on the date stated above, at **5450**.
The principal cause of death and related causes of importance were as follows:
Occlusion coronary arteries
94B
97
94B
Other contributory causes of importance:
arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis **Chloro**. 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? **No**
If so, specify _____
(Signed) **Chapman**, M. D.
(Address) **Sedalia 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.

JUL 28 1934

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1951
1952
1953
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1960

JULY 10 1960

RECEIVED

1960

1960

1960

1960

1960

1960

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