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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 15 1934

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

Do not use this space.

32587

**1. PLACE OF DEATH**

County Harrison — Registration District No. 335 — File No. 7

Township Colfax — Primary Registration District No. 5469 — Registered No.

City ..... (No. ..... St. ..... Ward)

**2. FULL NAME** Infant daughter of Noel Hutton

(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) |
|---|---|---|
| Female | White | Infant |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1934

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ½ hrs. or 2 min. |
|---|---|---|---|---|
| | | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrison Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Noel Hutton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lorraine Fetty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT William Hutton
(Address) Blytherdale Mo.

15. FILED 9/20 1934 L. J. Carter REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1934

17. I HEREBY CERTIFY, That I attended deceased from on Sept 10, 1934, to ....., 19..... that I last saw h. on alive on Sept 10, 1934, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permaturity
Not quite 7th mo. of pregnancy.

159

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

159

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) C. E. Sixbury, M. D.

, 19 (Address) Lamoni, Iowa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Andover Cemetary — DATE OF BURIAL: Sept 10 1934

20. UNDERTAKER: Robin S. White — ADDRESS: Lamoni, Ia.