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.

OCT 17 1934

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

Do not use this space.

32913

1. PLACE OF DEATH
County Jackson — Registration District No. 349 — File No. 4250
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 637 West 67 Terr St. Ward)

2. FULL NAME Mary Hutcheson
(a) Residence, No. 637 West 67 terr St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1861

7. AGE: 73 YEARS — MONTHS: 17 — DAYS: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Brockville Canada

FATHER
13. NAME Mrk. Stacey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Hannah Stew art
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Fred B. Kyger 637 West 67 Terr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE Sept 20 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwpod

20. FILED 9-18, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1929, to Sept 18, 1934
I last saw her alive on Sept 12, 1934. Death is said to have occurred on the date stated above, at 5:00A m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset: Sudden

Other contributory causes of importance: Hypertension & arteriosclerosis for years.

Name of operation ..... Date of .....
What test confirmed diagnosis? Bp and history 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) [signature], M. D.
(Address) 1024 Professional

Dr R. C. [illegible] 12-1
1025 Professional
Gr 289.2