

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.

NOV 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn
 Township Shannon
 City _____ (No. _____)

Registration District No. 35-8
 Primary Registration District No. 5502

File No. 39224
 Registered No. 7
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 72 Cherokee Mo St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MC</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Stella Hutchinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>73</u>	YEARS <u>5</u>	MONTHS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Duane, Mo
(STATE OR COUNTRY)13. NAME Columbus Hutchinson14. BIRTHPLACE (CITY OR TOWN) Hutchinson
(STATE OR COUNTRY)15. MAIDEN NAME Zylpha Perkins16. BIRTHPLACE (CITY OR TOWN) Brooklyn NY
(STATE OR COUNTRY)17. INFORMANT Lester Hutchinson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Linton Mo DATE 11/18 193419. UNDERTAKER Frederick Wilkerson
(ADDRESS) Clinton Mo20. FILED Nov 8 1934 E. G. Rieber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15th 1934, to November 6th 1934.
 I last saw him alive on November 2nd 1934. Death is said to have occurred on the date stated above, at 2:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis & Endocarditis
12/14
92.4
92.4
 Other contributory causes of importance:
Arterio Sclerosis and
Intermittent Nephritis
 Date of onset 10/15/34

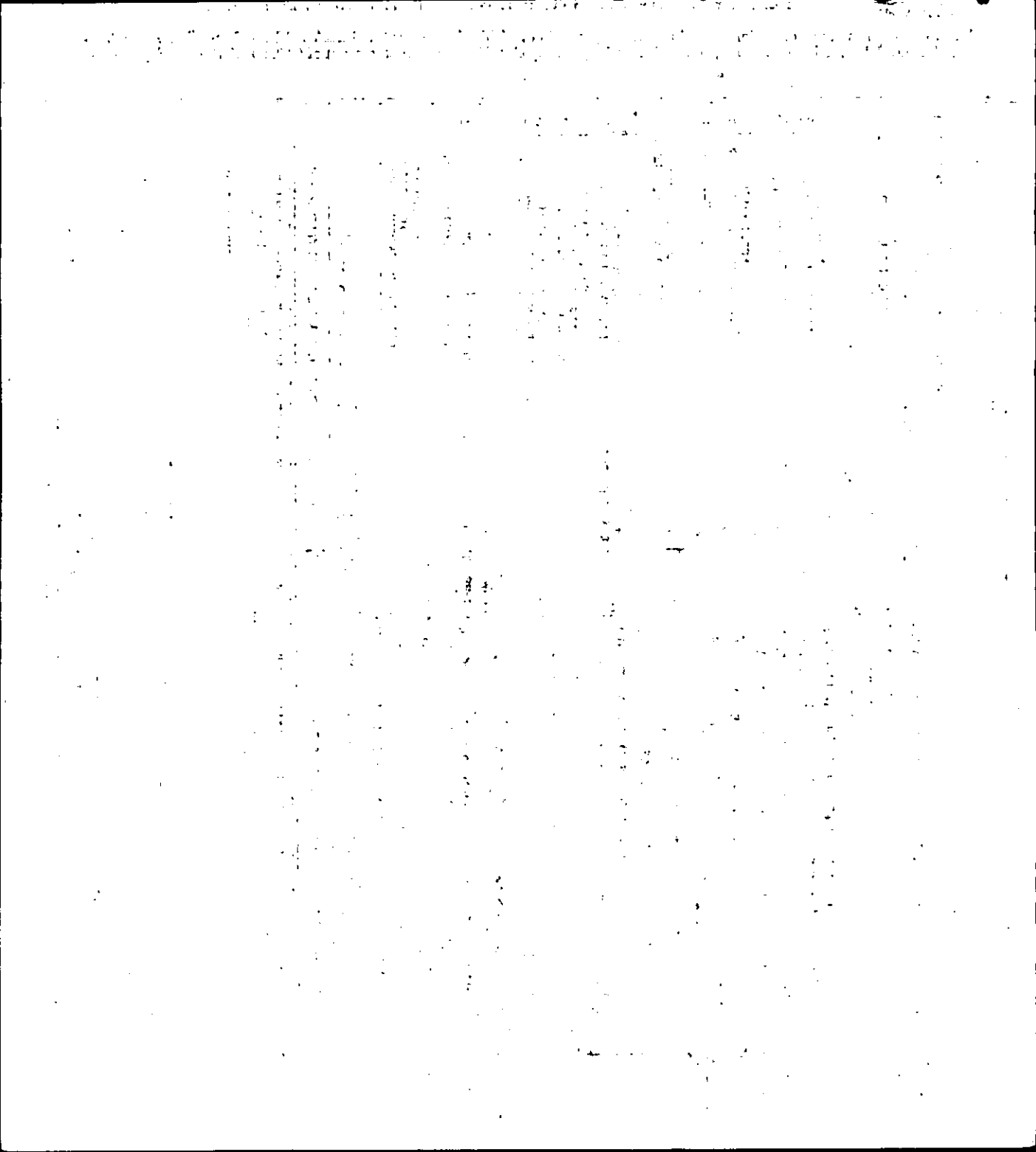
Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) E. G. Rieber, M. D.
 (Address) Linton Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township
City (No.)

Registration District No. 358
Primary Registration District No. 5502

File No.
Registered No. 7
St. Ward

2. FULL NAME

William Henry Hutchinson
(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1861

7. AGE YEARS 73 MONTHS 5 DAYS 6 If LESS than 1 day, hrs. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov 8 1934 E. G. Hise Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

to, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at, m.

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

myocarditis & endocarditis Date of onset

arteriosclerosis

interstitial nephritis

chronic

Other contributory causes of importance:

JAN 30 1935

FEB 28 1935

S-39224