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.

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

FEB 27 1935

Do not use this space.

2258

1. PLACE OF DEATH
County Nodaway — Registration District No. 628 — File No.
Township — Primary Registration District No. 2031 — Registered No. 5
City Maryville (No. , St. Ward)

2. FULL NAME Fannie B.Hutchison.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: Thomas Hutchison.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 28.L856

7. AGE: YEARS 78. MONTHS 9 DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
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): Illinois.

FATHER
13. NAME: Livi.Bristol.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not.Known.

MOTHER
15. MAIDEN NAME: Emily Epperson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey.

17. INFORMANT (ADDRESS): Chas. Epperson. Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE Jan 7.1935

19. UNDERTAKER (ADDRESS): Price Funeral Home. Maryville Mo.

20. FILED 1-7 1935 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January.6.1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to Jan 5, 1935
I last saw her alive on Jan 5, 1935 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	5 dy

Other contributory causes of importance: Gelsosis Arterial

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) K C Cummins, M. D.
(Address) Maryville Mo