

MAY 21 1935

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

Do not use this space.

12041

1. PLACE OF DEATH

County.....Buchanan..... Registration District No. 85
Township..... Primary Registration District No. 1001
City.....St. Joseph, (No. Sunnyslope Hospital) St. Ward

File No.
Registered No. 473

2. FULL NAME

Ethel Belle Hutchinson

(a) Residence, No. 2815 Clay St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 18, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 9 7

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) St. Joseph, Mo. (STATE OR COUNTRY)

13. NAME Guy T. Hutchinson

14. BIRTHPLACE (CITY OR TOWN) Osage Co., Iowa. (STATE OR COUNTRY)

15. MAIDEN NAME Belle Byrd

16. BIRTHPLACE (CITY OR TOWN) Ray Co., Mo. (STATE OR COUNTRY)

17. INFORMANT Guy T. Hutchinson (ADDRESS) 2815 Clay St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Apr. 27, 1935

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 302 Aaron St., St. Joseph, Mo.

20. FILED 4-26-35 John R. Borden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1935, to April 25, 1935.

I last saw her alive on April 25, 1935. Death is said

to have occurred on the date stated above, at 2.00 m. P.M.

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

Date of onset

Meningitis non-purulent April 23
Irelander

Other contributory causes of importance: 790

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)..... M. D.

(Address) Kirkpatrick Bldg., St. Joseph, 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.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the land in question. The land in question is
 situated in the County of [County Name], State of [State Name].
 The land is owned by [Owner Name] and is subject to a
 mortgage in favor of [Mortgagee Name]. The mortgage was
 executed on [Date] and is recorded in the public records of
 the County of [County Name], State of [State Name].
 The land is described as follows: [Description of Land]
 The land is situated in the [Section] of the [Township] of the
 [Range] of the [County Name], State of [State Name]. The
 land is bounded on the north by [North Boundary], on the
 south by [South Boundary], on the east by [East Boundary],
 and on the west by [West Boundary]. The land is
 approximately [Area] acres in area. The land is
 situated in the [Location] of the [County Name], State of
 [State Name]. The land is subject to a mortgage in favor of
 [Mortgagee Name] and is recorded in the public records of
 the County of [County Name], State of [State Name].
 The mortgage was executed on [Date] and is recorded in the
 public records of the County of [County Name], State of
 [State Name]. The land is owned by [Owner Name] and is
 subject to a mortgage in favor of [Mortgagee Name]. The
 mortgage was executed on [Date] and is recorded in the
 public records of the County of [County Name], State of
 [State Name]. The land is situated in the [Section] of the
 [Township] of the [Range] of the [County Name], State of
 [State Name]. The land is bounded on the north by [North
 Boundary], on the south by [South Boundary], on the east by
 [East Boundary], and on the west by [West Boundary]. The
 land is approximately [Area] acres in area. The land is
 situated in the [Location] of the [County Name], State of
 [State Name]. The land is subject to a mortgage in favor of
 [Mortgagee Name] and is recorded in the public records of
 the County of [County Name], State of [State Name]. The
 mortgage was executed on [Date] and is recorded in the
 public records of the County of [County Name], State of
 [State Name]. The land is owned by [Owner Name] and is
 subject to a mortgage in favor of [Mortgagee Name]. The
 mortgage was executed on [Date] and is recorded in the
 public records of the County of [County Name], State of
 [State Name].

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