

JUL 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20579

1. PLACE OF DEATH

County Bzark
 Township Pine Creek
 City Spokane Mo. (No., St. Ward)

Registration District No. 1079
 Primary Registration District No. 6274

File No.
 Registered No.
 St. Ward

2. FULL NAME

Martha Hutchison

(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

Female
White

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Joe M. Hutchison

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

Jan 13 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, hrs.
 or min.

64

5

1

OCCUPATION

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)

Carroll Mo.

FATHER

13. NAME

Thomas J. Cochran

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

Raleigh N. C.

MOTHER

15. MAIDEN NAME

Gliza Luna

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

Texas

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chapel Amory DATE 6-16 1935

19. UNDERTAKER (ADDRESS)

Catherine Smith
Spokane Mo.

20. FILED

19

C. H. Amy
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 12 1935 to June 14 1935

I last saw him alive on June 13 1935 Death is saidto have occurred on the date stated above, June 14

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

Sepsis

Date of onset

Other contributory causes of importance:

Caused from
abscessed tooth

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)

J. T. M. Hite

, M. D.

(Address)

Spokane 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.

