

SEP 25 1935

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

Do not use this space.

26471

1. PLACE OF DEATH

County Jackson
Township Franklin
City Manassas City

Registration District No. 399
Primary Registration District No. 1002
(No. Deming and Wash. Hospital)

File No. _____
Registered No. 016118
St. _____ Ward _____

2. FULL NAME Calvin Bates Hutchinson

(a) Residence, No. 2720-E-27th St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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>M.</u>	4. COLOR OR RACE <u>W.</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>Bertha B. Hutchinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/3/1887</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shipping Clerk</u>		11. Total time (years) spent in this occupation. <u>35</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ammonia Packing</u>		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

13. NAME Le Roy Hutchinson

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

15. MAIDEN NAME Elizabeth Bates

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

17. INFORMANT Bertha Hutchinson
(ADDRESS) 2720-E-27th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 8/15-1935

19. UNDERTAKER Shelton Funeral Home
(ADDRESS) 666-Independence Ave.

20. FILED 714 5 PM M. M. Carrow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to Aug 13, 1935

I last saw him alive on Aug 13, 1935. Death is said to have occurred on the date stated above, at 3 P. M.

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

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Other contributory causes of importance:
Septicemia, calcification of vessels, chronic bronchitis, Diabetes Mellitus

Name of operation none Date of 8-3-35
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? _____
If so, specify _____

(Signed) J. G. Sheldon, M. D.
(Address) 922 Walnut
K. A. Ude

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.

