

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

Do not use this space.

NOV 22 1935

33232

1. PLACE OF DEATH
 County..... *Lewis* Registration District No. *478*
 Township..... *Highland* Primary Registration District No. *5-642*
 City..... *Ewing* (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME..... *Milton M. Hutchison*

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred *15* yrs. *11* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 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 *Christian A. Hutchison*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 14, 1886*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.
49 3 16 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*
 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) *July 1, 1935* 11. Total time (years) spent in this occupation *30*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Country near Ewing, Mo.*

FATHER
 13. NAME *John M. Hutchison*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monroe County, Mo.*

MOTHER
 15. MAIDEN NAME *Alzada Cason*

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

17. INFORMANT *Mrs. Nim Brown* (ADDRESS) *Ewing, Mo. R. 1.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Herman Suthers* DATE *Oct 3, 1935*

19. UNDERTAKER *Thos. Ball & Son* (ADDRESS) *Ewing Mo.*

20. FILED *Oct 2, 1935* *Anna K. Ball* Registrar. *Sept.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 1, 1935*

22. I HEREBY CERTIFY, that I attended deceased from *Sept 28, 1935* to *Sept 28, 1935*
 I last saw him alive on *Sept 28, 1935*. Death is said to have occurred on the date stated above, at *9 A.* m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid Colon Date of onset *Apr 1935*
46

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis *Microscop.* Was there an autopsy? *Yes*

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 *marked* D.O.
 (Signed) *marked* M.D.
 (Address) *Ewing Mo.*

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.

