

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.

NOV 23 1935

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

Do not use this space.

33268

1. PLACE OF DEATH

County Linn Registration District No. 502
Township _____ Primary Registration District No. 4305
City Marceline (No. _____) St. _____ Ward _____

2. FULL NAME

Elwyzia Walden Hutchinson

(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 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</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>Jas. Hutchinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25 - 1872</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>11</u>
		DAYS
		<u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn</u> <u>Mo</u>		
13. NAME <u>Benjamin Walden</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn</u> <u>Mo</u>		
15. MAIDEN NAME <u>Amanda Russell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va</u>		
17. INFORMANT (ADDRESS) <u>Gladys H. Caswell</u> <u>no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>Oct 23</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Jas M. Laughlin</u> <u>no</u>		
20. FILED <u>10/23</u> 19 <u>35</u> <u>Oliver Barrett</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1935 to Oct 21 1935
I last saw her alive on Oct 21 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:
Strychnine Poisoning (Accidental) (taken for salts)
Other contributory causes of importance: 179 42

Name of operation _____ Date of _____
What test confirmed diagnosis? Uu Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 10/21 1935
Where did injury occur? at home Marceline (Specify city or town, county, and State) no
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Ingestion
Nature of injury Strychnine Poisoning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) M. L. Debraeger M. D.
(Address) Marceline Mo

Date of onset
10/21/35

