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

Do not use this space.

36000

File No. 36000

Registered No. 1003

1. PLACE OF DEATH NOV 26 1935

County Jackson — Registration District No. 399

Township Raw — Primary Registration District No. 1002

City Kansas City (No. 504 Benton Blvd St. ..... Ward)

2. FULL NAME George Benjamin McMullen Hutt

(a) Residence, No. 504 Benton Blvd St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1862.

7. AGE — YEARS: 73 — MONTHS: 3 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

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 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record.

FATHER

13. NAME Jack Hutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record.

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Blanche Hutt
(ADDRESS) 1235 Irving

18. BURIAL, CREMATION, OR REMOVAL
PLACE Removal DATE 11/4/35 19

19. UNDERTAKER Sheil Funeral Home
(ADDRESS) 1606 Linden Ave.

20. FILED Nov 5 1935 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/30/35, 19..., to 11/4/35, 19..., I last saw him alive on 10/30/35, 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Addison Disease — Date of onset

C.F.

Other contributory causes of importance:

Name of operation No — Date of

What test confirmed diagnosis? None — 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? No (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

(Signed) R R Laffey, M. D.

(Address) 1103 Grand

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.

2