

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

APR 15 1936

9517

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City (No.)Registration District No. 89
Primary Registration District No. 5131File No.
Registered No. 84
St. Ward)

2. FULL NAME

Hollie Frances Hutchison(a) Residence, No. 2 mi S. Paplar Bluff Mo
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Hutchison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26-1889</u>		
7. AGE	YEARS	MONTHS
	<u>96</u>	<u>6</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>
	13. NAME <u>Charles H. Tidwell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Susana Davenport</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>Frank Hancock R. F. D. #4 - Paplar Bluff Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Black Creek Co.</u> DATE <u>Mar 13-1936</u>	
19. UNDERTAKER (ADDRESS) <u>N. T. Phelps Paplar Bluff Mo</u>	
20. FILED <u>2/14</u> 19 <u>36</u> <u>W. H. Stanger</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 193622. I HEREBY CERTIFY, That I attended deceased from 11-20 1935 to 3-12 1936I last saw him alive on 3-12 1935 Death is saidto have occurred on the date stated above, at 1:45 p.m.

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

Myocarditis
Chronic Nephritis
(Indolent)

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) Wm Hancock, M. D.(Address) Paplar Bluff Mo

