JUL 25 1936

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

Do not use this space.

23937

1. PLACE OF DEATH
County Randolph
Registration District No. 735
File No.
Township
Primary Registration District No. 3034
Registered No. 129
City Moberly (No. , St. Ward)

2. FULL NAME Edgar P. Hutchinson,
(a) Residence, No. 831 W. Rollins. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. 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 Caroline Hutchinson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24- 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excello, Mo.

FATHER
13. NAME Eligah Hutchinson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

MOTHER
15. MAIDEN NAME Sarah E. Coleman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

17. INFORMANT (ADDRESS) Caroline Hutchinson. Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland, Cem. DATE June 7th 36, 19

19. UNDERTAKER (ADDRESS) Snow Funeral Home. Moberly, Mo.

20. FILED 6/7 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 36, 19

22. I HEREBY CERTIFY, That I attended deceased from May 17 — 1936 to June 4 — 1936
I last saw him alive on June 4 — 1936. Death is said to have occurred on the date stated above, at 5.00 AM.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset several wks

Other contributory causes of importance: myocarditis — months

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify No.
(Signed) R. E. Huber, M. D.
(Address) Moberly, Mo.

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.