

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

Do not use this space.

1. PLACE OF DEATH **SEP 1 1936**
 County Jackson Registration District No. 399
 Township KEMP Primary Registration District No. 1002
 City Kansas City (No. 3325, Cleveland) St. _____ Ward _____

2. FULL NAME Walter O Hutchins
 (a) Residence, No. 3325 Cleveland St. _____ Ward _____
 (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.

31124
399

File No. _____
 Registered No. _____

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 Nora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 9 22

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

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) Wisconsin

13. NAME Elias Hutchins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Main

15. MAIDEN NAME Mary Gibbarth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Main

17. INFORMANT (ADDRESS) Wife
3325 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE 8-24-36, 1936

19. UNDERTAKER (ADDRESS) Hellody-McGilley
Kansas City, Mo.

20. FILED Aug 24 1936 M.M. Crowe, reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1916, to 8-27, 1936

I last saw him alive on 8-22, 1936 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:

Myocarditis
(Toxice)

121

Other contributory causes of importance:

Nephritis - Chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) James J. Ferguson M. D.

(Address) 1114 Broadway

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.

