

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

Do not use this space.

37084

NOV 22 1936

1. PLACE OF DEATH

County Clerk
Township Union
City (No.) (St.) (Ward)

Registration District No. 190
Primary Registration District No. 5-265

File No. _____
Registered No. 57

2. FULL NAME

Hutchinson Kerty Packer

(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 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 Mrs. Ann Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 0 12

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

13. NAME Calvin Packer

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

15. MAIDEN NAME Mary Hutchinson

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

17. INFORMANT Mrs. Clarence Nichols
(ADDRESS) Williamstown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence Cem DATE Nov 2, 1936

19. UNDERTAKER Fred Kalle
(ADDRESS) Kahoka Mo.

20. FILED Nov 2, 1936 J. R. Bridges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to Oct 30, 1936

I last saw him alive on Oct 30, 1936. Death is said to have occurred on the date stated above, at 1 P.M.

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

Myocarditis
Chronic

Date of onset

Other contributory causes of importance:

[Handwritten signature]

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 _____, 19____

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) W. C. E. Todd M. D.

(Address) Williamstown Mo

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.

MARGIN RESERVED FOR BINDING

