

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.

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

Do not use this space.

OCT 20 1936

1. PLACE OF DEATH

County Franklin
Township Franklin
City Franklin (No., St. Ward)

Registration District No. 64
Primary Registration District No. 2700

File No. 48957
Registered No. 23

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Hutchinson

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Born dead Sept 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Franklin Mo

FATHER 13. NAME Thomas Hutchinson

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

MOTHER 15. MAIDEN NAME Grace Kirby

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

17. INFORMANT (ADDRESS) self

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 7 1936 M. E. Watson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 19 36

22. I HEREBY CERTIFY, That I attended deceased from delivered Sept 5, 19 36
I last saw h. born dead, 19 .. Death is said to have occurred on the date stated above, at 3:30 PM

The principal cause of death and related causes of importance were as follows:
Born dead, probably at least 3 or 4 days of lack of development

Other contributory causes of importance:
Deformed, crippled mother

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) J. R. Smith M. D.
(Address) Warsaw, Mo

