

FEB 25 1937

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

Do not use this space.

1488

1. PLACE OF DEATH

County Jackson
Township New
City N.E. Mo (No. 520 Maple Blvd)

Registration District No. 399
Primary Registration District No. 1002

File No. 220
Registered No. _____
St. _____ Ward _____

2. FULL NAME Geneva King Hutchinson

(a) Residence, No. 520 Maple Blvd 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 Female 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 Joseph E. Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1884

7. AGE YEARS 52 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Iran

13. NAME King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

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

17. INFORMANT Joseph E. Hutchinson (ADDRESS) 520 Maple Blvd

18. BURIAL, CREMATION, OR REMOVAL Interment DATE Jan-18-37

19. UNDERTAKER Mrs. C. L. Carter (ADDRESS) 418 Broadway, etc

20. FILED Jan 18 1937 M. H. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-16-1937

22. I HEREBY CERTIFY That I attended deceased from Jan 9 1937, to Jan 15 1937
I last saw her alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

La Grippe
Lobar pneumonia
Date of onset 1-8-37
1-12-37

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys sign 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? _____ (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? No
If so, specify _____

(Signed) D. J. Davis M.D.
(Address) 907 Waldheim Bldg

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.

Waldheim Bldg.

Vi-4740

12 till 1:00