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.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 791 File No. 3354

Township ..... Primary Registration District No. 91003 Registered No. 385

City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Blakey Hutchison

(a) Residence, No. 3215 Lucas Ave St., 21 Ward. 1
(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: MALE
4. COLOR OR RACE: COLORD
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED BY DEATH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1873

7. AGE: 63 years; MONTHS: 2 mos.; DAYS: 8 days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) RUSSELVILLE KY. LOGAN CONTY 2

FATHER

13. NAME SQUAIR HUTCHISON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSELVILLE KY. LOGAN COUNTY 2

MOTHER

15. MAIDEN NAME MARY BELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSELVILLE KY. LOGAN COUNTY 2

17. INFORMANT (ADDRESS) George Hutchison 2708 Chateau

18. BURIAL, CREMATION, OR REMOVAL PLACE RUSSELVILLE KY. DATE January 1 - 15 - 1937

19. UNDERTAKER (ADDRESS) JORDAN & HUDSON UND. 3227 LUCAS

20. FILED MN 11 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 31 - 1936 to 1 - 8 - 1937

I last saw him alive on 1 - 8 - 1937 Death is said to have occurred on the date stated above, at 1:10 a.m.

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

	Date of onset
Hypertension	1935
Hypertensive Heart Disease	1935
Syphilis, old	unknown
Aneurysm of Aorta (diffuse)	"

Other contributory causes of importance:

Broncho pneumonia, terminal	1-6-37
Arteriosclerosis, generalized	unknown

Name of operation 34 Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Paul Kunkel, M. D.

(Address) BARNES HOSPITAL