

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mulle
Township Hansen
City Hansen (No. _____)

Registration District No. 561
Primary Registration District No. 3756

File No. 12646
Registered No. 19

2. FULL NAME

Lester Allan Hutchinson

(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 (widow) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Stella Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1892

7. AGE YEARS 44 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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. Laborer 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) South Dakota

MOTHER 13. NAME James Hutchinson 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Stella Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.V.

17. INFORMANT (ADDRESS) Jessie Hutchinson Hansen, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE 3-13 1937

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon Mo.

20. FILED 3-13 1937 Belle Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937, to March 12, 1937. I last saw h. i. m. alive on March 12, 1937. Death is said to have occurred on the date stated above, at 4⁰⁰ A. m.

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

Bronchial pneumonia Date of onset Mar 7
Influenza Mar 5
Other contributory causes of importance: NA

Name of operation _____ 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? No

If so, specify _____

(Signed) James Wallace, M. D.
(Address) Eldon Mo.

