

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Pine
City New Frankford Mo.

Registration District No. 658
Primary Registration District No. 8-916

File No. 13025
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Still-born - no name

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 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) March 31-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Still born

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1937
22. I HEREBY CERTIFY, That I attended deceased from March 31 1937, to March 31 1937
I last saw h alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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 _____

Still born
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo.
13. NAME JR. Hutcherson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford, Mo.

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 _____

MOTHER
15. MAIDEN NAME Mildred Holman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford, Mo.
17. INFORMANT (ADDRESS) Home Hutcherson Frankford, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hosketter Cemetery DATE 3-31 1937

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. J. G. ..., M. D.
(Address) Frankford, Mo.

19. UNDERTAKER (ADDRESS) J. C. Meyers & Sons Frankford, Mo.
20. FILED April 2, 1937 Matth. Unsell Registrar.

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.

WHITE - LEAVE IT, WITH OUT-BOARDING INFORMATION THIS IS A PERMANENT RECORD

