

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Poplar
City Marionville Mo (No. _____) St. _____ Ward _____

Registration District No. 625
Primary Registration District No. 3827

File No. 17125
Registered No. 39

2. FULL NAME

Mrs Sarah Elizabeth Hutchinson
(a) Residence, No. East of Marionville 4 mi. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 70 7 9

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

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) Carnesdale Ohio

13. NAME Sarah Hutchinson

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

15. MAIDEN NAME Sarah Egg

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

17. INFORMANT Ray Hutchinson (ADDRESS) Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centenary Cemetery DATE April 10 1937

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marionville Mo.

20. FILED H-8 19 37 Mamie E. Clardy Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937, to 4-7 1937

I last saw her alive on April 7th 1937 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance: unknown

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) R. G. Barton M. D.

(Address) Marionville Mo.

Exact statement of OCCUPATION is very important.

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