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

Do not use this space.

File No. 30519

Registered No.

1. PLACE OF DEATH

County Cooper

Township Kelley

City (No. , St. Ward)

Registration District No. 219

Primary Registration District No. 5299

2. FULL NAME Margaret L. Hutchison

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF T. G. Hutchison (deceased)

6. DATE OF DATE (MONTH, DAY, AND YEAR) September, 27, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	90	6	24	

OCCUPATION

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.

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) Cooper County Missouri

FATHER

13. NAME Richard P. Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange County Virginia

MOTHER

15. MAIDEN NAME Margaret Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County Missouri

17. INFORMANT Margaret Hutchinson
(ADDRESS) Syracuse, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Walnut Grove, Cooper County DATE March, 23, 1937

19. UNDERTAKER Jewell E. Richards
(ADDRESS) Sedalia Mo

20. FILED 3 1937 Hattie Paxton
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1937, to Mar 21, 1937
I last saw h alive on Mar 21, 1937. Death is said to have occurred on the date stated above, at 11:P.M.

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

	Date of onset
Final End Intoxication of old age	

Other contributory causes of importance:

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) M. Dila, M. D.

(Address) Syracuse Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.