

REC'D APR 19 1938

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

Do not use this space.

10444

1. PLACE OF DEATH

County Christian Registration District No. 181 File No. _____
 Township Polk Primary Registration District No. 5251 Registered No. _____
 City Billing, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Harold Hutter 360
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise H. Hutter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Switzerland13. NAME Benedict Hutter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland15. MAIDEN NAME Anna Hutter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland17. INFORMANT (ADDRESS) Mrs. Julia Rauch
Billing, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Mar 16, 193819. UNDERTAKER (ADDRESS) A. S. Wallace
Billing, Mo.20. FILED Mar 24, 1938 F. H. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 193822. I HEREBY CERTIFY, That I attended deceased from Oct 11 - 1938 to Mar 14, 1938I last saw him alive on Mar 14, 1938. Death is said to have occurred on the date stated above, at 9 p. m.

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

Chr. Myocarditis Date of onset _____Other contributory causes of importance: NoneName of operation none Date of _____What test confirmed diagnosis Phys. Exam 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) A. S. Wallace M. D.(Address) Billing, Mo.

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.

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DEC 3 1941

APR 21 1943