

REC'D SEP 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Moniteau
Township: Flat Grove
City: Latham, Mo. (No. _____) (St. _____) (Ward _____)

Registration District No. 577
Primary Registration District No. 5775

File No. 29527
Registered No. 6

2. FULL NAME

George Washington Hutchison

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 2

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) Moniteau Co., Mo.

13. NAME Harvey Hutchison

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

15. MAIDEN NAME Maran Hill

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

17. INFORMANT (ADDRESS) Clarence Hutchison
LATHAM, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs, Mo. DATE Aug 28, 38

19. UNDERTAKER (ADDRESS) W. F. K. Dewell
VERMILION, MO.

20. FILED Sept-3-38 Nadine Latham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from August 25 1938, to _____, 19____
I last saw him alive on August 25 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 8/24/38

Other contributory causes of importance: old age

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) A. J. Baucom, M.D.
(Address) California, Mo.

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

