

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.

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Butler  
Township Brandon Hospital  
City Poplar Bluff, Mo (No. 325)

Registration District No. 89  
Primary Registration District No. 3007

File No. 6026  
Registered No. A2  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Mary B. Hutson

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Hutson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1891  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 9 2

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Stoddard Co.  
(STATE OR COUNTRY) Missouri

MOTHER FATHER  
13. NAME W. A. Bacon

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

MOTHER FATHER  
15. MAIDEN NAME Susie Naden

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

17. INFORMANT Marguerite Hutson  
(ADDRESS) Bloomfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield, Cem. DATE Feb. 28, 1939

19. UNDERTAKER Chiles Undertaking Co.  
(ADDRESS) Bloomfield, Missouri

20. FILED 2/28 1939 W. L. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to Feb. 26, 1939  
I last saw her alive on Feb. 26, 1939 Death is said to have occurred on the date stated above, at 3:55 P.M.

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

Lung abscess Date of onset Feb. 15, 1939

Other contributory causes of importance: Tubercular pneumonia

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? no  
If so, specify \_\_\_\_\_ (Signed) W. L. Brandon, M. D.

(Address) Poplar Bluff, Mo.

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