REC'D MAY 12 1939

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

14442
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 125
(b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 126
(c) City Cape Girardeau - Mo (d) Street No. Southeast Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hutson, Miss Louise
(a) Residence, No. Morehouse Mo St. Morehouse, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 12th 1919
7. AGE: YEARS 19 MONTHS — DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Doctors
9. Industry or business in which work was done, as saw mill, bank, etc. office attendant
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): Sparta Tenn

FATHER
13. NAME: Mr. Grunda Hutson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Bessie? ~~Hutson~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morehouse Mo

17. INFORMANT (ADDRESS): Mrs E. L. Smith Morehouse, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE 4-2-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Allnitton 121 Sikeston, Mo.
20. FILED 4-1, 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1939, to Apr 1, 1939
I last saw her alive on April 1, 1939 Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:
Influenzal Pneumonia
Date of onset
Other contributory causes of importance: 11 W
Name of operation ..... Date of .....
What test confirmed diagnosis? Ale 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? .....
If so, specify .....
(Signed) D. B. Elrod, M. D.
(Address) Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.