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 AUG 18 1939

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

24913
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain — Registration District No. 26

(b) Township Salt River — Primary Registration District No. 3002 — Registered No. 110

or

(c) City Mexico — (d) Street No. S. Trinity 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 325 Nellie Gray Hutchin [redacted]

(a) Residence, No. 1002 S. Trinity St. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harley Hutchins [redacted]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	36	9	--26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as 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) Audrain County Mo.

FATHER

13. NAME Wm. Lue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

MOTHER

15. MAIDEN NAME Ella Cauthorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County. Mo.

17. INFORMANT (ADDRESS) [redacted] Harley Hutchin Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Santa Fe, Mo. DATE 8/12/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr. Mexico, Missouri

20. FILED Aug 12, 1939 Blanche Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

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

Cause to her death by gun shot in the hands of one Otis Willis

Date of onset

Other contributory causes of importance: Coroner's Case 173

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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 8-10, 1939

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) B M Marlow Coroner, M.D.

(Address) Audrain Co

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/17/39

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 Cecil Arnold Jr, Registered Apprentice No. ..... working under my personal supervision.

Signed Cecil Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, Mo.

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

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