

OCT 24 1939

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

33145

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ozark Registration District No. 920  
 (b) Township Gasport Primary Registration District No. 3-85-9 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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

Tip Elliott Hutchison  
 (a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Selma  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1916  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
28 7 3  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Theodosia  
Ozark Co. Mo.

FATHER 13. NAME Fred Hutchison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isabella  
Ozark Co. Mo.

MOTHER 15. MAIDEN NAME Lona Ellison  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portia  
Ozark Co. Mo.

17. INFORMANT (ADDRESS) Selma Hutchison  
Mundin mns m

18. BURIAL, CREMATION, OR REMOVAL PLACE Isabella DATE July 20 1939

19. FUNERAL DIRECTOR (ADDRESS) Nolan Reeves  
Gramsville, Mo.

20. FILED July 20 1939 Mary E. Johnson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1939

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on July 19, 1939 Death is said to have occurred on the date stated above, at 6 P m.  
 The principal cause of death and related causes of importance were as follows:

Acute Indigestion  
I never saw this  
patient but once, she died  
a short time after I  
saw him

Other contributory causes of importance:

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) J. H. Small, M. D.  
Lucie mns (Address) \_\_\_\_\_

RECEIVED

District Health Officer No. 8,

District File Number 1039-2132

Date Filed OCT 23 1939

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision

Note: The above  
the above constitute

TING. (Failure to comply with

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3314J

Do not use this space.

1. PLACE OF DEATH

(a) County Osark Registration District No. 920  
(b) Township Jasper Primary Registration District No. 2839  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF Selma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1910

7. AGE YEARS 28 MONTHS 7 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
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) Theodosia Mo

FATHER 13. NAME Fred Hutchison

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

MOTHER 15. MAIDEN NAME Lona Gibson

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Portia Mo

17. INFORMANT (ADDRESS) Selma Hutchison

18. BURIAL, CREMATION, OR REMOVAL PLACE Scubla DATE 7-20-39

19. FUNERAL DIRECTOR (ADDRESS) Nolan Benvers

20. FILE July 20, 1939 Mary K. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

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

I last saw him alive on July 19, 1939 Death is said to have occurred on the date stated above, at 6 p m.  
The principal cause of death and related causes of importance were as follows:

acute indigestion  
he never saw the patient  
but once, he died a  
short time after I saw  
him  
Other contributory causes of importance: \_\_\_\_\_

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) J. H. Small, M. D.

(Address) Scubla

