FILED JUN 17 1947

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

Do not use this space.

20273

File No.
Registered No. 20

1. PLACE OF DEATH
County Camden
Township Osage
City Linn Creek (No. , St. Ward)
Registration District No. 50
Primary Registration District No. 5179

2. FULL NAME Shirley Ann Hutton
(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. 2 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) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-30-47
7. AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Linn Creek Mo

FATHER
13. NAME J. S. Hutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Jeanne Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT J. S. Hutton (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Conway Cemetery DATE 5-31 1947
19. UNDERTAKER Had no Undertaker (ADDRESS)
20. FILED June 2 1947 Zilpha Drake L.F.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 1947

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1947, to May 30, 1947
I last saw her alive on May 30, 1947. Death is said to have occurred on the date stated above, at 6 17 m.
The principal cause of death and related causes of importance were as follows:

Malnutrition — Date of onset
7 month baby

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? no 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) E. E. Lieberman M. D.
(Address) Lesterton Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 7,
District File Number 5-47-681
Date Filed 6-9-47