

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Kirkville
City Kirkville

Registration District No. 4
Primary Registration District No. 3001

File No. 24098
Registered No. 131
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Purdin Mo.
(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 <u>m</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Lige Hutchinson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 15 1856</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>9</u>	DAYS <u>21</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill

PARENTS	10. NAME OF FATHER <u>Edwin L. Hutchinson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	12. MAIDEN NAME OF MOTHER <u>Ulin J. Chenoweth</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT A. H. Hutchinson
(Address) Purdin Mo

15. FILED 7/30 1931 Mrs C. H. Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1931

17. I HEREBY CERTIFY, That I attended deceased from July 9th 1931 to July 12 1931, that I last saw him alive on July 12 1931, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
Acute suppurative appendicitis
1710
131
1931 (duration) yrs. mos. 5 da.
CONTRIBUTORY Chronic parenchymatous nephritis
(SECONDARY) (duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

at home - Purdin Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 9
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Spencer Freeman M. D.
July 31 (Address) Kirkville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Purdin
Oxentsville Cem. DATE OF BURIAL 7/15 1931

20. UNDERTAKER Summers & Son ADDRESS Kirkville

Aug 24 1931

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.

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