

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.

JAN 20 1935

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

✓ Do not use this space.

43575

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 126
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 222 West North St. 2 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Hellie Hutchinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-10-1888
7. AGE YEARS 46 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Linn Co Mo (STATE OR COUNTRY)

MOTHER 13. NAME Miles Hutchinson

14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

15. MAIDEN NAME Savaria Bumgarner

16. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

17. INFORMANT Hellie Mesner (ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Granville DATE Dec 22 1934

19. UNDERTAKER B. M. Hill (ADDRESS) Brookfield Mo

20. FILED Dec 29 1934 gishbas, M. D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934, to Dec 20, 1934.
I last saw him alive on Dec 20, 1934. 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:

Date of onset _____

Carcinoma of neck
and Esophagus

Other contributory causes of importance: 46

Name of operation none Date of _____

What test confirmed diagnosis? Chemo Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 _____

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

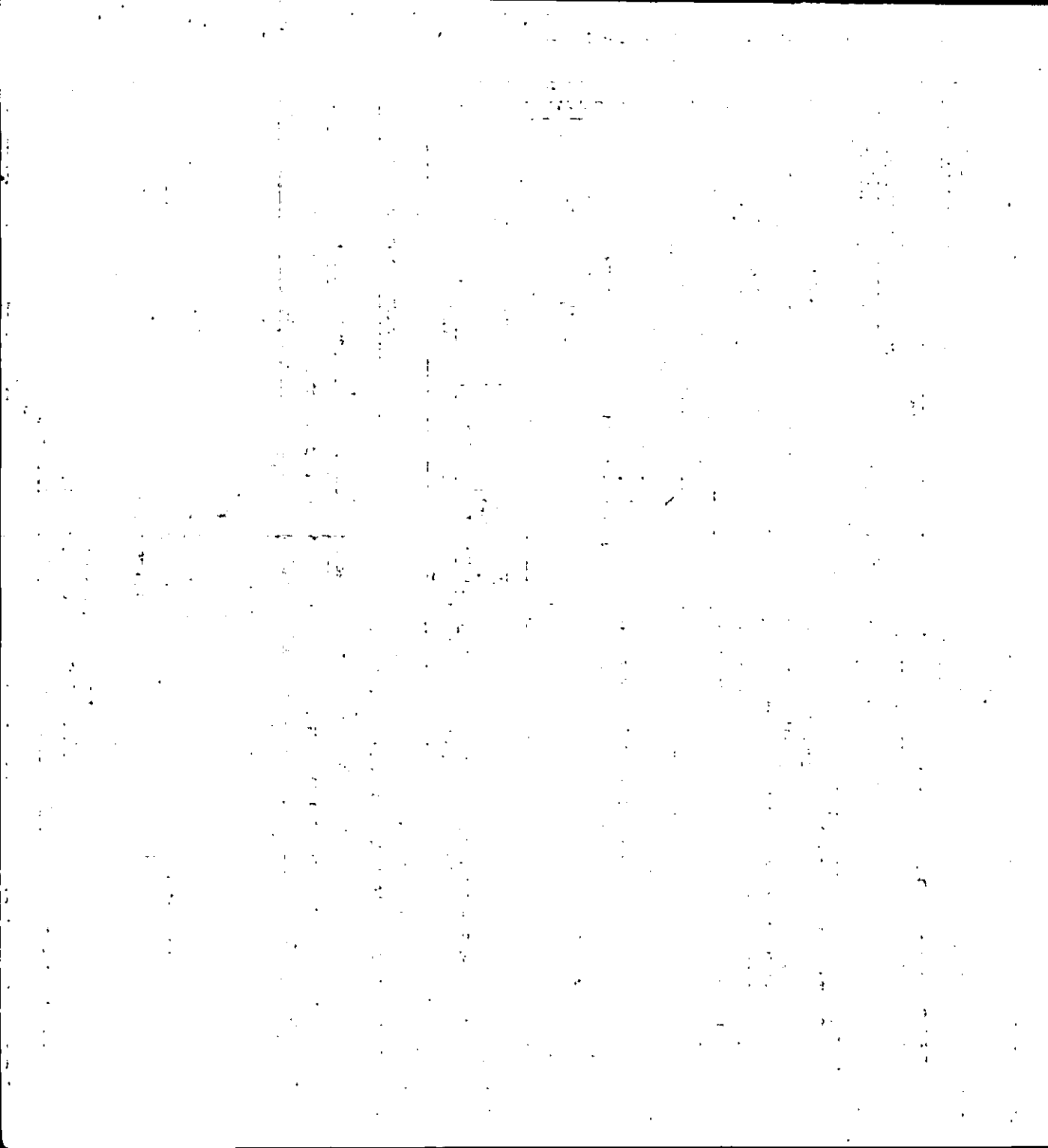
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Dr. H. H. Potter

(Address) Brookfield Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ann
Township Brookfield
City Brookfield (No. St. Ward)

Registration District No. 496
Primary Registration District No. 3025

File No.
Registered No. 106

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

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

7. AGE YEARS 46 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. min.

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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Feb 10 1935 J. Hutchinson M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1934

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

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:

Carcinoma of neck Date of onset

and asphyxiation

Other contributory causes of importance:

Mouth and Desphogus
Prunary seal unknown

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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)

(Address)

JAN 3 1 1935

MAR 26 1935

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