

REC'D MAR 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7234

Do not use this space.

1. PLACE OF DEATH

(a) County Monteau
 (b) Township Walker
 or California
 (c) City

Registration District No. 571
 Primary Registration District No. 4335

Registered No. 13

(e) Length of residence in city or town where death occurred yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

(a) Residence, No. James Edgar Hutchison St. California
 (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 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 Virginia Hutchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1882

7. AGE YEARS 56 MONTHS 7 DAYS 30 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Monteau Co Mo13. NAME Harsh Hutchison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo15. MAIDEN NAME Sarah Ann Hall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co17. INFORMANT (ADDRESS) Mrs Ed Hutchison California Mo18. BURIAL INFORMATION, OR REMOVAL PLACE Cape Cove DATE 3/29 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Fording California Mo20. FILED 3-21 1939 H.R. Poppey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 17 - 193922. I HEREBY CERTIFY, That I attended deceased from 2:00 19...I last saw him alive on 2:00 19... Death is saidto have occurred on the date stated above, at 4:00 p.m.

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

Accidentally struck by Railway train
Sudden death

Other contributory causes of importance: if 22Name of operation Tumor Date of 3-17-1939What test confirmed diagnosis? View Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury 3-17-1939Where did injury occur? R.R. Crossing west of California Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at R.R. CrossingManner of injury as per aboveNature of injury Fractured skull24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H.R. Poppey (Coroner) M. D.(Address) California Mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

**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 Moniteau

Registration District No. 571

Township Californian

Primary Registration District No. 4885

City Californian (No.)

File No. 7234

Registered No.

St. Ward

2. FULL NAME

(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. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

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 56 MONTHS 7 DAYS 22 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)

11. Total time (years) spent in this occupation

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

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1939

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

First saw him alive on 19 Death is said

to have occurred on the date stated above, 4-15 P

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

Accidentally struck by R. R. train - Riding in truck -
(Other contributory causes of importance: Info. Harmonia Clark)

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 H. R. Popper - Currier
(Signed) Californian (Address) Mo

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

