

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.

SEP 21 1937

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

Do not use this space.

68 1. PLACE OF DEATH
County Moniteau. Registration District No. 573
Township..... Primary Registration District No. 2337
City Fortuna. (No. St. Ward)

File No. 31267
Registered No. 5

2. FULL NAME John W. Hutchison.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, ~~WIDOWED~~ ~~WIDOWED~~ HUSBAND OF (or) Betty A. Hutchison.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman.
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) Moniteau Co.
(STATE OR COUNTRY) Missouri.

13. NAME David D. Hutchison.

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

15. MAIDEN NAME Sarah Coil.

16. BIRTHPLACE (CITY OR TOWN) Moniteau Co.
(STATE OR COUNTRY) Missouri.

17. INFORMANT E.E. Hutchison.
(ADDRESS) Fortuna, Missouri.

18. BURIAL, CREMATION, OR REMAINING PLACE Lassen Grove DATE Aug 4, 1937

19. UNDERTAKER J. E. ...
(ADDRESS) Tipton, Missouri.

20. FILED Aug 7, 1937 G. S. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937, to August 6, 1937
I last saw him 5m alive on August 6, 1937 Death is said to have occurred on the date stated above, at 9: a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma (Squamous) (Date of onset)
Other contributory causes of importance:
46

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) G. S. Wilson, M. D.
(Address) Fortuna Mo

