

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

Do not use this space.

16089

**1. PLACE OF DEATH**

County Cooper  
Township  
City Boonville Mo.

Registration District No. 218  
Primary Registration District No. 3015

File No. 39  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Judith Matilda 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF John W. Hutchison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 1 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 4 4 0 0 0

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(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) Virginia

10. NAME OF FATHER Chas. Harbor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER J. Deatherage

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT (Address) R. H. Hutchison Boonville Mo.

15. FILED 5-15 19 33 J. P. [unclear]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 5 1933

17. I HEREBY CERTIFY That I attended deceased from 5 5 1933 to 5 5 1933 that I last saw him alive on 5 7 1933 and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Gastric Enteritis  
1024 (duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Senility (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clin.  
(Signed) W. Meredith, M. D.  
56, 19 33 (Address) Prairie Home 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 Mt Zion Cem. DATE OF BURIAL 5/6 1933

20. UNDERTAKER Albert Hornbeck, Prairie Home

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. MAY 22 1933

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PARENTS

LaQuarell past of Boonville

