

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

Do not use this space.

9755

MAY 25 1934

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No.) St. Ward

Registration District No. 574
Primary Registration District No. 2772A

File No. 1934
Registered No. 4

2. FULL NAME

Mary Ellen Hutchison
(a) Residence, No. St. Ward

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monroe Hutchison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) North Carolina

13. NAME Pleasant Hutchison

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

15. MAIDEN NAME Harriet Martin

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

17. INFORMANT (ADDRESS) Henry Hutchison

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 3/10/34

19. UNDERTAKER (ADDRESS) Albert Hornbeck
Prarie Home

20. FILED Mar 31 1934 Ellis O'Rourke Registrar.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1934 to 3-8, 1934

I last saw her alive on 3-7-99, 1934 Death is said to have occurred on the date stated above, at 99 m.

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

Cerebral Hemorrhage
Apoplexy
SSA

Date of onset 1/19/34

Other contributory causes of importance:

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

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) A. H. Meredith, M. D.

(Address) Prarie Home Mo

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.

