

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

McNeil
Do not use this space.
25864
File No. **244**
Registered No. **668**
St. _____ Ward _____

1. PLACE OF DEATH

County **Pettis** Registration District No. **667**
Township _____ Primary Registration District No. **3032**
City **Sedalia** (No. **1804 So. Park**)

2. FULL NAME Monroe Hutchison

(a) Residence, **1804 So. Park** 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

OCCUPATION	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	M	W	Widowed	
MOTHER	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hutchison			
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1857			
FATHER	7. AGE	YEARS	MONTHS	DAYS
	76	11	25	If LESS than 1 day, _____ hrs. or _____ min.
MOTHER	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.			
FATHER	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) N. Car.			
MOTHER	13. NAME Andy Hutchison			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.			
FATHER	15. MAIDEN NAME Martha Chandler			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.			
17. INFORMANT Henry Hutchison (ADDRESS) Sedalia Mo				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE Mt. Zion		DATE July 19 1934		
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo				
20. FILED 7-17-1934 Jean Slack Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 5 1934** to **July 17 1934**.
I last saw him alive on **July 14 1934**. Death is said to have occurred on the date stated above, at **5456**.
The principal cause of death and related causes of importance were as follows:
Occlusion coronary arteries
940
97
940
Other contributory causes of importance:
arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis **Chloro** 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 _____, 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? **No**
If so, specify _____
(Signed) **Chambers**, M. D.
(Address) **Sedalia 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.

JUL 28 1934

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