

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

Do not use this space.

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1. PLACE OF DEATH

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

Registration District No. 574
Primary Registration District No. 5772a

File No. 1929
Registered No. 7
St. (Ward)

2. FULL NAME Pleas Henderson Hutchison

(a) Residence. No. (Usual place of abode) St. Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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, OR DIVORCED HUSBAND OF (OR) WIFE Mahala Hutchison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) north Carolina

10. NAME OF FATHER Pleas Hutchison

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

12. MAIDEN NAME OF MOTHER Martine

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

14. INFORMANT (Address) Rosland Hutchison
Lupus mo

15. FILED Feb 11, 1929 H. Meyers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 15, 1929, to Feb 3, 1929 (that I last saw him) alive on 1-15, 1929 and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Arteriosclerosis
apoplexy

CONTRIBUTORY (SECONDARY) 1740 (duration) yrs. mos. da.

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? (Signed) D. K. Meredith, M. D.

*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 DATE OF BURIAL
Mount Zion Cem 2-5 1929

20. UNDERTAKER ADDRESS
C. Albert Hornbeck Prairie 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.

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