

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

Do not use this space.

36760-3

SEP 26 1935

1. PLACE OF DEATH
County Monticau Registration District No. 574
Township Linix Primary Registration District No. 5772D
City (No.) St. Ward)

2. FULL NAME Sarah Jane 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.

File No. 1935
Registered No. 147

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 26

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

FATHER 13. NAME Andrew Hutchison

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

MOTHER 15. MAIDEN NAME Martha Chandler

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

17. INFORMANT (ADDRESS) Joe A Wilkes

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 11-22-35

19. UNDERTAKER (ADDRESS) D. Albert Hornbeck
Prague Home

20. FILED Nov 30 1935 Ellis B Raik
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-35

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935 to 11-20, 35
I last saw him alive on 11-15, 1935 Death is said to have occurred on the date stated above, at 89 m.
The principal cause of death and related causes of importance were as follows:
Chor Valvular Deo of Heart
Other contributory causes of importance Senility

Name of operation Date of operation
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, 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 Ad. Mus. Deo
(Signed) Ad. Mus. Deo, M. D.
(Address) Prague Home

Date of onset
11-15-35

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

