

NOV 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 211

Township

Primary Registration District No. 4128

City Centertown (No.)

37136

File No.

Registered No. 22

2. FULL NAME Frank Hutchinson

(a) Residence, No. Centertown, Mo. 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. 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 OF Caroline Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 2

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

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) Harrison, Ohio

13. NAME Geo. Washington Hutchinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Hannah Charthin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Jno. Hutchinson

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown DATE Oct. 12 1936

19. UNDERTAKER (ADDRESS) Williams & Frymeyer

20. FILED 10/12 1936 H.T. Leach, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11 1936

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1936, to October 11, 1936
I last saw h. living alive on October 10, 1936. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Bronchial Pneumonia (Date of onset Oct. 6 1936)

Other contributory causes of importance:

Senile dementia

Name of operation none Date of operation
What test confirmed diagnosis? clinical Was there an autopsy? no

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
(Signed) H.T. Leach, M. D.
(Address) Elton, Mo.

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.

1880
1881

1882

1883
1884
1885

1886

1887

1888
1889
1890
1891
1892