

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

Do not use this space.

APR 16 1935

8502

1. PLACE OF DEATH
26 County Cole Registration District No. 211
Township Merion Primary Registration District No. 15291
City (No. 15291) St. _____ Ward _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME America Hutson
(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Hutson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1859

7. AGE YEARS 75 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) March 2, 1935 11. Total time (years) spent in this occupation to date of death

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole, Mo.

MOTHER 13. NAME John Pare

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Mrs. Joe Hutson
(ADDRESS) 746 Mo. Cannon

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedarlawn Mort. 21

19. UNDERTAKER (ADDRESS) Dawson & Hanna
Jefferson City

20. FILED 3/20 1935 H. T. Leach, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935 to March 19, 1935
I last saw h. alive on March 19, 1935 Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:
Bronch pneumonia March 4, 1935
Flu
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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.

