JAN 10 1935

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

Do not use this space.

43575

1. PLACE OF DEATH
County Linn Registration District No. 496 File No.
Township ~~Brookfield~~ Primary Registration District No. 3025 Registered No. 126
City Brookfield (No. St. Ward)

2. FULL NAME David E Hutchinson

(a) Residence, No. 222 West North St., 2 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-10-1888

7. AGE: YEARS 46, MONTHS 11, DAYS 10. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Linn Co Mo

FATHER
13. NAME: Miles Hutchinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Lavenia Bumgarner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT: Nellie Mesner
(ADDRESS): Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grantsville DATE: Dec 22 1934

19. UNDERTAKER: C. W. Hill
(ADDRESS): Brookfield Mo

20. FILED: Dec 21 1934 J S Lucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934, to Dec 20, 1934

I last saw him alive on Dec. 20, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Carcinoma of neck and oesophagus

Other contributory causes of importance: 46

Name of operation: none Date of

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? no Date of injury no, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: no
Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Dr. H. H. Potter M.D.
(Address) Brookfield 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Linn — Registration District No. 496
Township — Primary Registration District No. 3025
City Brookfield (No. ..... St. ..... Ward) — File No. ..... Registered No. 106

2. FULL NAME David E Hutchinson

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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M

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

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

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	11	10	

OCCUPATION
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. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. [illegible] time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED Dec 10 1935 J H Rucker M. D. Registrar.

PRELIMINARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of neck — Date of onset .....
and oesophagus .....
.....
.....

Other contributory causes of importance:
.....
Mouth and Oesophagus .....
Primary seat unknown .....

Name of operation ..... Date of .....
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 .....
(Signed) ....., M. D.
(Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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