

REC'D SEP 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau  
Township Pilot Grove  
City Latham, Mo. (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

Registration District No. 577  
Primary Registration District No. 5775

File No. 29527  
Registered No. 6

2. FULL NAME

George Washington 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sarah Ann Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 11 2

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) Moniteau Co., Mo.

13. NAME Harvey Hutchison

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

15. MAIDEN NAME Marian Hill

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

17. INFORMANT (ADDRESS) Clarence Hutchison  
LATHAM, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs, Mo. DATE Aug 28, 38

19. UNDERTAKER (ADDRESS) W. F. K. Dewell  
VERMILION, MO.

20. FILED Sept-3-38 Nadine Latham  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26<sup>th</sup>, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on August 25, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Lobar Pneumonia

Date of onset 8/24/38

Other contributory causes of importance: old age

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) A. J. Baucom, M.D.

(Address) California, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

