

Do not use this space.

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

SEP 25 1930

27344

1. PLACE OF DEATH

County *Montrou*
Township *Walden*
City (No.) St. Ward)

Registration District No. *571*
Primary Registration District No. *3769*

File No.
Registered No. *45*

2. FULL NAME

George W. Hutchinson

(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 *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 2 - 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Co. Co*

10. NAME OF FATHER *Frederick Hutchinson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Penn*

12. MAIDEN NAME OF MOTHER *Angeline Bedding*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

14. INFORMANT *Mrs F Hutchinson*
(Address) *M^c Grist M^o*

15. *Aug 31 30* REGISTRAR *J. W. Keith*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *8 28 1930*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h. *live on* and that death occurred, on the date stated above, at *7:15 AM*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Typhoid Fever
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *10*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? *L M Grey*
(Signed) M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
M^c Grist Cem *8/31 1930*

20. UNDERTAKER ADDRESS
Hellman & Friedman *California*

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.

