

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

Do not use this space.

38753

248

1. PLACE OF DEATH
 County St. Francois Registration District No. 274
 Township Pattonville mo Primary Registration District No. 6018B
 City (No.) St. Ward

2. FULL NAME John William Hutson
 (a) Residence, No. Pattonville mo 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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Hutson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19th 1848
 7. AGE YEARS 83 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.

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. Total time (years) spent in this occupation

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

13. NAME William Hutson

14. BIRTHPLACE (CITY OR TOWN) Peru, Mo. (STATE OR COUNTRY) mo.

15. MAIDEN NAME Jane Jones

16. BIRTHPLACE (CITY OR TOWN) 1 Kentucky (STATE OR COUNTRY)

17. INFORMANT J. H. Hutson (ADDRESS) 2021 Sidney St. Davis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pattonville Co. cemetery DATE 11-7-1931

19. UNDERTAKER Baldwell Bros (ADDRESS)

20. FILED Nov 30, 1931 W. J. Ryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 4, 1931.
 I last saw him alive on Nov 4, 1931. Death is said to have occurred on the date stated above, at 8:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
arterio sclerosis
 Date of onset Nov 30

Other contributory causes of importance:
arterio sclerosis

Name of operation Date of
 What test confirmed diagnosis? Exam 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? no
 If so, specify

(Signed) C. H. Appleberry, M. D.
 (Address) 2144 Pine St. 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.

DEC 26 1931

