

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

Do not use this space.

8416

1. PLACE OF DEATH

County Jackson Registration District No. 339 File No. 1191
 Township Rau Primary Registration District No. 8002 Registered No. 1191
 City Kansas City (No. St Marys Hospital) St. _____ Ward _____

2. FULL NAME Wm F Hutchison

(a) Residence No. 4015 Central 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 3 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Check 1565
 (b) General nature of industry, business, or establishment in which employed (or employer) R.C. of R.R.
 (c) Name of employer Freight Office

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Thomas Hunter
 (Address) 4015 Central

15. FILED 3/20 1926 M.M. Copple REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 19 1926
 17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1926 to Jan 19 1926, 1926 that I last saw him alive on Jan 19 1926, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis with Cardiac dilatation
 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute bronchitis
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? His home 4015 Central

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Sam. C. [unclear] M.D.
320, 1926 (Address) Orange St

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Norwich Cam. DATE OF BURIAL Mar 21 1926

20. UNDERTAKER R.V. Lindsay & sons 8811 Broadway
 ADDRESS _____