MISSOURI STATE BOARD OF HEALTH **1 PLACE OF DEATH** BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County 270. **Registration District No.** File No. Township or Primary Registration District No. 3 **Registered** No. Village or [If death occurred in a City hospital or institution. give its NAME instead NII TA of street and number.] ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWED A OR DIVORCED (Month) (Day) (Year) (Write the word) 17 I HEREBY CERTIFY, that I attended deceased from 6 DATE OF BIRTH 101...... (Mouth) (Day) (Year) that I last saw handlive on If LESS than 7 AGE 1 day hrs. and that death occurred, on the date stated above, at..... or.....min.? yrs.....de mos.....ds The CAUSE OF DEATH* follows 1. **8 OCCUPATION** (a) Trade, profession, or particular kind of work L. (b) General nature of industry business or establishment in 1. x レビハ which employed (or employer) 9 BIRTHPLACE (Duration)......yrs......mos.....ds. City or town, ate or foreign country) CONTRIBUTORY 10 NAME OF (Secondar FATHER (Dupation) 11 BIRTHPLACE (Signed). OF FATHER (City or town, State or foreign country 9 (AA **12 MAIDEN NAME** State the Disease Causing Death, or, in deaths from Violent Causes, state OF MOTHER (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, 13 BIRTHPLACE or Recent Residents) OF MOTHER (City or town, State or foreign country) At place of death.....ds. In the State ME ABOVE IS BEST OF MY KNOWLEDGE τo Where was disease contracted if not at place of death?..... Former or usual residence 19 P (Address) REMOVAL DATE OF BURIAL 15 191 م 20 UNI ADDRESS Registrar

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW REGISTRARS SHALL NOT RECEIVE **bluode** CERTIFICATE OF DEATH Cou TY. PHYSIC f OCCUPATIOJANS -Town **Registration District No** Eile No. on Village Primary Registration District No. **Registered No** 07 City [If death occurred in a hospital or institution, give its NAME instead ²FULL NAME of street, and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 4 COLOR OS RACE 3 61 16 DATE OF DEATH MARRIED EXA WIDOWED OR DIVORCED Month (Write the word) (Day) (Year) i i 6 DATE OF BIRTH 17 I HEREBY CERTIFY. that I attended decaused from 191... 1... to..... 191....., (Day) (Month) (Year) ã. *i* 1 1 ۰. 1 7 AGE If LESS than 1 day hrs death occurred; on the date stated above, at..... or.....? mos.....da. 8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry business, or establishment in which employed (or employer) S' BIRTHPLACE Lity or town, ư Sime vor foreign country) CONTRIBUTORY 10 NAME OF (Secondary) FATHER 1 BIRTHPLACE ARENTS OF FATHER M. D (City or town, State or foreign countr (Address 12 MAIDEN NAME N. B.—Every item of information CAUSE OF DEATH in plain *State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, 13 BIRTHPLACE OF MOTHER or Recent Residents) (City or town, State or foreign country) At place In the of death......yrs.......ds. 14 WHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted if not at place of death?..... (1. formant) Former or usual residence 19 PLACE OF BURIAL OR REMOVAL J DATE OF BURIAL 15 mate 20 UNDERTA ADDRESS Registrar All information called for must be written on this Supplementary Certificate. Original file,

Norvell Hutson

Memorial	Photos	Flowers

Learn about upgrading this memorial...

Birth: Death: Jun. 20, 1911 Sligo Dent County Missouri, USA Sep. 26, 1916 Dent County Missouri, USA

Death certificate states his father was Clayton Hutson & mother Myrtle Baker. Death was violence at the hands of Clayton Hutson or Myrnie Hutson or both. He was 5 yrs 3 mos 6 dys old.

Note: Dates on death certificate are different than on stone.

Burial: <u>Union Cemetery</u> Salem Dent County Missouri, USA

Edit Virtual Cemetery info [?]

Created by: <u>N Wickam</u> Record added: Oct 01, 2011 Find A Grave Memorial# 77438391



Added by: N Wickam



Added by: N Wickam



Cemetery Photo Added by: <u>Thomas Crawford</u>

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