

Hobert Hutson

Memorial

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Birth: Jan. 26, 1911
Esther
St. Francois County
Missouri, USA

Death: Jan. 26, 1911
Esther
St. Francois County
Missouri, USA

Family links:

Parents:

[Daniel Eli Hutson \(1879 - 1967\)](#)

[Cora Isabell *Martin* Hutson \(1878 - 1942\)](#)

Siblings:

[Hobert Hutson \(1911 - 1911\)](#)

[Howard George Hutson \(1911 - 1911\)*](#)

[Walter Eli Hutson \(1914 - 1914\)*](#)

*[Calculated relationship](#)

Burial:

Unknown

Specifically: Death certifacate does not name cemetery. Burried Flat River, St. Francois Co., MO.

[Edit Virtual Cemetery info \[?\]](#)

Created by: [Paul W. Sprous](#)

Record added: Oct 30, 2009

Find A Grave Memorial# 43722234

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

PLACE OF DEATH
County St. Francois
Township Southern
or
Village Bartholomew
or
City _____ (NO. _____ St. _____ Ward)

152
Registration District No. 774 File No. 3181
Primary Registration District No. 6018-B Registered No. 821

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Unnamed Hutson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH January 26, 1911
(Month) (Day) (Year)

DATE OF BIRTH January 26, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 26, 1911, to Jan 26, 1911, that I last saw him alive on Jan 26, 1911,

AGE _____ If LESS than 1 day, _____ hrs. or 30 min.?
yrs. mos. ds.

and that death occurred, on the date stated above, at 11 P. M.

OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) 110

The CAUSE OF DEATH* was as follows:
Congenital Nephrosis
110 A
(Duration) _____ yrs. _____ mos. 30 months

BIRTHPLACE (City or town, State or foreign country) Esther Mo

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

PARENTS
NAME OF FATHER Daniel Hutson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Leut Co Mo
MAIDEN NAME OF MOTHER Cora Marton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Leut Co. Mo

(Signed) Thomas L. Hoopes M. D.
Jan 29, 1911 (Address) Esther Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. L. Hoopes M.D.
(ADDRESS) Esther Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

Filed _____, 1911
REGISTRAR

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
_____ 1911
UNDERTAKER ADDRESS

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.

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County St. Francois

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

Township 4 " " "Registration District No. 774File No. 3181

Village _____

Primary Registration District No. 601813Registered No. 1

City _____ (NO. _____)

St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME unnamed Huston

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF BIRTH Jan. 26, 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min. 2

OCCUPATION

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(City or town, State or foreign country) Cether, Mo.

PARENTS

NAME OF FATHER Daniel HustonBIRTHPLACE OF FATHER Blount Co. Mo.MAIDEN NAME OF MOTHER Estel MarlonBIRTHPLACE OF MOTHER Blount Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. L. Hodges, M. D.(ADDRESS) Cether, Mo.Filed Apr 7, 1911 Dr. Topping REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan. 26, 1911, to Jan. 26, 1911, that I last saw him alive on Jan. 26, 1911, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Meckelias(Duration) _____ yrs. _____ mos. 3 months ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Thomas L. Hodges M. D.
Jan. 27, 1911 (Address) Cether, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mc Henry CemeteryDATE OF BURIAL Jan 27, 1911UNDERTAKER No Undertaker

ADDRESS _____

Original file, date Jan, 19____ All information called for must be written on this Supplementary Certificate.

Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)