

Howard George Hutson

Memorial

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Birth: Jan. 26, 1911
Esther
St. Francois County
Missouri, USA
Death: Apr. 11, 1911
Esther
St. Francois County
Missouri, USA

Could not read name of cemetery on death certifiacate. Burried Flat River, St. Francois Co., MO.

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

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

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

Record added: Oct 30, 2009

Find A Grave Memorial# 43721928

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

PLACE OF DEATH

County St. Francois

Township Sauer

or

Village Catho

or

City _____ (NO. _____ St. _____ Ward)

Registration District No. 774

File No. 15540

Primary Registration District No. 6018B

Registered No. 40

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

FULL NAME Harold George Hutson

PERSONAL AND STATISTICAL PARTICULARS

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

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

AGE 2 yrs. 2 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS NAME OF FATHER Dan Hutson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri

MAIDEN NAME OF MOTHER Gora Martin

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dan Hutson

(ADDRESS) Catho Mo

Filed April 11, 1911 L. Topping REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 26, 1911, to Mar 29, 1911, that I last saw him alive on March 29, 1911,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Inanition due to faulty digestion.

1180/58 (Duration) 10 2 yrs. 2 mos. 16 ds.

158 Contributory Emaciation (SECONDARY) (Duration) yrs. 2 mos. 16 ds.

(Signed) P. L. Hodges M. D. 14-11-1911 (Address) Catho 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 St. Henry Cemetery DATE OF BURIAL April 11, 1911

UNDERTAKER Henry Reuter ADDRESS Flat River

411

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.