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.

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

Do not use this space.

23398

1. PLACE OF DEATH

County ——— Registration District No. 791 File No. 6890

Township ——— Primary Registration District No. 1009 Registered No. 6890

City St. Louis (No. 4240 Lindell Rd. Ward)

2. FULL NAME Ruth Hutton

(a) Residence. No. 3901 Magnolia Av. Ward. 17
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1st 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29	1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) ———
(c) Name of employer ———

9. BIRTHPLACE (CITY OR TOWN) ———
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER James Hutton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ———
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Janet McCutheon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ———
(STATE OR COUNTRY) Illinois

14. INFORMANT Janet Hutton
(Address) 3901 Magnolia Av

15. FILED JUN 23 1931 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22, 1931

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1630
Carbolic Acid Poisoning (self-administered) at Windsor Hotel (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Suicide (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner, M.D.
6/23, 1931 (Address) Deputy Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carterville Ill. DATE OF BURIAL June 24 1931

20. UNDERTAKER Jno. P. Collins & Bro. Mo. Inc. ADDRESS 928 N. Grand