

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

16712

1 PLACE OF DEATH

County Deuk  
Township Springer  
or  
Village  
or  
City Salem

Registration District No. 266  
4164  
Primary Registration District No. ~~5378~~

File No.  
Registered No. 26

2 FULL NAME

Francis E. Hatten

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OF, DIVORCED (Write the word) Single

6 DATE OF BIRTH Mar 25 1889  
(Month) (Day) (Year)

7 AGE 31 yrs. 1 mos. 16 ds If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Clerk - 126  
(b) General nature of industry, business, or establishment in which employed (or employer) Teaching Bar 118

9 BIRTHPLACE (City or town, State or foreign country) Marion Miss

10 NAME OF FATHER John J. Hatten

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dow 70th

12 MAIDEN NAME OF MOTHER Maggie Keeney

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Hatten  
(Address) Salem, Mo.

15

Filed May 11 1919 Salem Mo.  
A. W. Mearns Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar. 7 1919 to April 4 1919, that I last saw him alive on April 4 1919, and that death occurred, on the date stated above, at 10:25 a.m.

The CAUSE OF DEATH\* was as follows:

113 Cyrosis of Liver & Gastritis

(Duration) 8 mos. ds.

CONTRIBUTORY (Secondary) Bar. Trench

(Duration) 5 mos. ds.

(Signed) W. A. Deussen M. D.  
5/11 1919 (Address) Salem, Mo.

\*State (1) Disease Causing Death, or, in death from Violent Causes, state (2) Means of Injury; and (3) whether Accidental, Suicidal or Homicidal.

18 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

DATE OF BURIAL May 13 1919

TAKER W. A. Deussen ADDRESS Salem, Mo.

# 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

(b) the nature of the work before an additional statement; it should be given. As examples: (a) *Spinner*, (b) *Grocery*; (a) *Miner*, (b) *Coal miner*. The material worked

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer in 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.

Care should be taken in the occupations of persons on wages, as *Servant*, if the occupation has been of the DISEASE CAUSE beginning of illness.

fact may be indicated. For persons who have written N

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Cerebro  
"Epidem  
(avoid

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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 in-

County \_\_\_\_\_ MISSOURI

"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a disease can be ascertained as the cause, qualify all diseases resulting from childbirth, as carriage, as "PUERPERAL septicaemia," "peritonitis," etc. State cause for which surgery was undertaken. For women, name of

TO

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
JEFFERSON CITY, MO.  
FROM