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

Do not use this space.

13786

File No. .....
Registered No. 4137

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 814 N 23 ..... St. ..... Ward)

2. FULL NAME Mary Hatcher

(a) Residence. No. 814 N 23 St., 21 Ward. .....
(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	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Thomas Hatcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	37	4	4	

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

9. BIRTHPLACE (CITY OR TOWN) Unk
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER James Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unk
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Sarah Whitby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unk
(STATE OR COUNTRY) Tenn

14. INFORMANT Thomas Hatcher
(Address) 814 N 23 St

15. FILED MAY -2 1927 19.. May 6 Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29-1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1927, to Apr 29, 1927, that I last saw h. alive on Apr 29, 1927, and that death occurred, on the date stated above, at 3 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis
USB 1/29/27 24 B
(duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Hepatitis
(duration) yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) Wm Carter Bowling, M. D
4-30, 1927 (Address) 2112 - N - 19 St

*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 Washington Park — DATE OF BURIAL 5-2-1927

20. UNDERTAKER W S Wade Undt Co — ADDRESS 4202 Finney

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD