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. 1416

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 440

City: Kansas City (No. 4110 Olive St. St. Ward)

2. FULL NAME Elizabeth Archibald Hatton

(a) Residence. No. 4110 Olive St., 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.

15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(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): not known

PARENTS

10. NAME OF FATHER: Archibald Oldham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known

12. MAIDEN NAME OF MOTHER: Mrh Feather

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: H. O. Reid (Address) 4110 Olive

15. FILED Jan 31, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Jan 31, 1928 that I last saw her alive on Jan 30, 1928 and that death occurred, on the date stated above, at 3:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) Do not know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. C. Rumsey, M. D

1/31, 1928 (Address) 406 Northman

*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: Alexandria Ind — DATE OF BURIAL: Jany 31 1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

4·06 Whitman Bldg.
Va 5790
2- 5:30