

FEB 21 1928

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

Do not use this space.  
1573

1. PLACE OF DEATH

County Jasper  
Township Webb City  
City Webb City (No. ....)

Registration District No. 417  
Primary Registration District No. 3021

File No. ....  
Registered No. 4  
St. .... Ward)

2. FULL NAME

Wm. Linsell Hatcher  
(a) Residence, No. Hwy. 2, Tom. St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
62 1 5

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

9. BIRTHPLACE (CITY OR TOWN) Pikeville  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Anthony Hatcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Jane Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mary Hatcher  
(Address) Webb City, Mo.

15. FILED 1/6 26 1928 P. M. Stovall  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4, 1928

17. I HEREBY CERTIFY That I attended deceased from 12 to 4 1928  
that I last saw him alive on 12, 1927, and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

2387  
1130  
Pulmonary T.B.  
CONTRIBUTORY (SECONDARY) Ill  
(duration) ... yrs. ... mos. ... da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Ed. Humphreys, M. D.  
1/4, 1928 (Address) Webb City, Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope DATE OF BURIAL 1/6 1928

20. UNDERTAKER Webb City, Mo. ADDRESS Webb City, Mo.

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.

