FEB 24 1928

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

Do not use this space.

3665

1. PLACE OF DEATH
County Scotland
Township Jefferson
City (No. ..... St. ..... Ward)
Registration District No. 810
Primary Registration District No. 6055
File No.
Registered No. 5

2. FULL NAME Elmira Elizabeth Hatfield
(a) Residence. No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Luther M Hatfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1846

7. AGE Years 81 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Fort Wayne Ind
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Moses Sibite
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fort Wayne Ind
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Marts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fort Wayne Ind
(STATE OR COUNTRY)

14. INFORMANT Sarah M Parris
(Address) Memphis, Mo.

15. FILED 2/6, 1928 E. E. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan. 17, 1928 that I last saw her alive on Jan. 16, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure
From the infirmities of old age.
1 1/2 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 164 (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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank Givens, M. D
1-20, 1928 (Address) Memphis, Mo.

*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 Bible grove cemetery
DATE OF BURIAL 1/18/ 1928

20. UNDERTAKER W. N. Payne & Sons
ADDRESS Memphis

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.