APR 24 1928

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.

8265

1. PLACE OF DEATH
County Clinton — Registration District No. 206 — File No.
Township — Primary Registration District No. 4127 — Registered No. 5
City Turney (No. , St. Ward)

2. FULL NAME James Marion Hatcher
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
13	1	21	

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) Cameron Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER J. H. Hatcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co. Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Francis McMurtady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hamburg Iowa
(STATE OR COUNTRY)

14. INFORMANT J. H. Hatcher
(Address) Turney Mo

15. FILED 3-8-, 1928 J. T. Kinsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 3, 1928, 1928 that I last saw him alive on Mar 3, 1928 and that death occurred, on the date stated above, at 8.35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute endocarditis
911
88B
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

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) John L. Byrne, M. D
3-6, 1928 (Address) St Joseph 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: McDaniel Cemetery
DATE OF BURIAL: Mar 7 1928

20. UNDERTAKER: J W Poland
ADDRESS: Cameron