Chas McLeod

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

Do not use this space.

10080

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. ..... St. ..... Ward)

Registration District No. 648
Primary Registration District No. 3032

File No.
Registered No. 88

2. FULL NAME: John H Hatfield
(a) Residence. No. 1721 So Park St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 13 1856

7. AGE: Years 72 | Months 0 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: M K & T RR

9. BIRTHPLACE (CITY OR TOWN): Morgan Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: George Hatfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Dorcas Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (,
(STATE OR COUNTRY): (,

14. INFORMANT: Ray Hatfield
(Address) 1310 East 7 Sedalia

15. FILED: 3-23-28 J. J. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1928, to Mar. 19 1928 that I last saw him alive on Mar 18, 1928, and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
Arteriosclerosis
Hypertension
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Hypertension with cancer
Diabetes
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED: Do not know
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Chas McLeod, M. D.
March 21, 1928 (Address) Sedalia 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: Syracuse Mo
DATE OF BURIAL: 3/21/1928

20. UNDERTAKER: McLaughlin Bros
ADDRESS: Sedalia

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.

26 1928