

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

Do not use this space.

27408

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Kearney Precinct Registration District No. _____ Registered MO. 27408
 City Kansas City (No. Old City Hospital) Ward _____

2. FULL NAME

Mary Louise Hatterson
 (a) Residence. No. 1217 E. 18th St., 2 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred - yrs. 3 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 4 7 — —

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

9. BIRTHPLACE (CITY OR TOWN) K.C.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Louis Hatterson

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

12. MAIDEN NAME OF MOTHER Emmabeh Richards

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

14. INFORMANT Louis Hatterson
 (Address) 1217 E. 18th St.

15. FILED 8/30 2477 M. Crowe
 19. _____ REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-18-28

17. Deputy Coroner
 I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
31 (duration) yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. _____ mos. _____ da.

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

18 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY? Yes

18 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Deputy Coroner, M. D.
 18/19 (Address) Deputy Coroner

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge DATE OF BURIAL Aug 23, 1928

20. UNDERTAKER Adkins Bros. ADDRESS 2000 E. 12th

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.

THIS IS A PERMANENT RECORD

