

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

Do not use this space.

40307

1. PLACE OF DEATH

County Quincy
Township
City Trenton (No.)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.
St. Ward)

2. FULL NAME

R. E. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) s.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
1 1 2

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) Trenton Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Vern Hatfield

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

12. MAIDEN NAME OF MOTHER Julia Piper

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

14. INFORMANT Vern Hatfield
(Address) Trenton

15. FILED Dec 12, 1928 E. A. Duffly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from 3 Dec 1928, to 5 Dec 1928 that I last saw h. alive on 5 Dec 1928, and that death occurred, on the date stated above, at 1030 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

11A Bronchus Pneumonia
107A

11B Influenza
(duration) yrs. mos. 1 da.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. signs chest

(Signed) E. A. Duffly, M. D.
6 Dec, 1928 (Address) Trenton 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 DATE OF BURIAL

Moscow Dec 7 1928

20. UNDERTAKER
Geyson Funeral Home Trenton
ADDRESS

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.

NOV 29 1928

