V 4739 War. 8860

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

Do not use this space. 1430

1. PLACE OF DEATH
County Jackson — Registration District No. 390
Township Kaw — Primary Registration District No. 1057 — File No. ____
City Kansas City (No. 3017 Holmes St. St. ____ Ward) — Registered No. 17

2. FULL NAME Ann E. Hatch
(a) Residence. No. 3017 Holmes St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1837

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	91	8	1	

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) ____
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Enice Eaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY) New Jersey
12. MAIDEN NAME OF MOTHER Marie Drowns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) New York

14. INFORMANT Ella B. Hatch
(Address) 3017 Holmes

15. Filed Jan 3 1929 M. M. Crane REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Jan 2 1929 that I last saw h[er] alive on Dec 27 1928, and that death occurred, on the date stated above, at 11:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Hypostatic)
Bronchs
106A
106B (duration) ____ yrs. ____ mos. 4 da.
CONTRIBUTORY (SECONDARY) Chronic Bronchitis
(duration) 1 yrs. ____ mos. ____ da.

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? ____

(Signed) Tom Peterson, M. D
1/3, 1929 (Address) 508 Chambers

*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 Kansas City Forest Hill Cemetery — DATE OF BURIAL 1-4-1929
20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Road

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr. W. M. Ritchey
508 Chambers Bldg.
HA-8860