59

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

Do not use this space.

7153

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 21
City Chillicothe (No. ..., St. ..., Ward)

2. FULL NAME Millie Isadora Howsman Hatfield
(a) Residence. No. East Second St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

MAR 23 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17-1870

7. AGE: Years 58 — Months 6 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(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) Muncie Penn.

PARENTS
10. NAME OF FATHER Thomas Sutton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wilkes Barre Penn
12. MAIDEN NAME OF MOTHER Nancy Keeler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Muncie Penn.

14. INFORMANT Arthur Howsman
(Address) Chillicothe Mo.

15. FILED 2/11, 1929 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1929, to Feb. 5, 1929 that I last saw h. alive on Feb. 4, 1929, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)

(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? Physical examination
(Signed) H. M. Grace, M. D.
2/6, 1929 (Address) Chillicothe - 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: Edgewood Penn. — DATE OF BURIAL: Feb. 11 1929

20. UNDERTAKER: James D. Gordon — ADDRESS: Chillicothe Mo.