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.

OCT 22 1929

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

Do not use this space.

30107

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1052

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Hattie Lucretia Latkey,

(a) Residence. No. St., Ward Maysville, Missouri,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1857,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	6	Unk.	

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) Unknown,
(STATE OR COUNTRY) Illinois,

PARENTS

10. NAME OF FATHER William Duse,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

12. MAIDEN NAME OF MOTHER Sophronia Watkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Connecticut,

14. INFORMANT Edward Latkey
(Address) Maysville, Missouri,

15. FILED SEP 10 1929, 19 John G. Wh. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

b

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1929, to Sept. 10, 1929 that I last saw her alive on Sept. 9, 1929 and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated Inguinal Hernia
c̄ Intestinal obstructions
122A
122B
131 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia - Chronic Nephritis
Arterio Sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Maysville Mo -

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept. 5, 29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) [illegible] Thompson, M. D.

9/10, 1929 (Address) 825 Charter —

*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
Maysville, Mo. via auto	Sept. 12 1929
20. UNDERTAKER	ADDRESS
Heaton - Bt Gole & Bowman	319 S. 10 St.

Funeral Home