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

Do not use this space.

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11705

MAY 22 1930

1. PLACE OF DEATH County Buchanan
Township
City St. Joseph Mo. (No. 416 Scott St. Ward)
Registration District No. 1001
Primary Registration District No.
File No.
Registered No. 415

2. FULL NAME John Hatcher
(a) Residence. No. #416 Scott 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 14th 1868

7. AGE Years 62 Months 00 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Mankato, Kansas

PARENTS
10. NAME OF FATHER Joe Hatcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

14. INFORMANT Hattie Hatcher
(Address) 416 Scott St.

15. FILED APR 5 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to April 1, 1930 that I last saw him alive on April 1, 1930, and that death occurred, on the date stated above, at 12 M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
92 D
107 D (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia (duration) yrs. mos. 14 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? Clinical
(Signed) Charles H. Werner, M. D
April 4 1930 (Address) 315 Kirkpatrick Bldg St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in the Non-Violent Causes, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
DATE OF BURIAL 4/5/1930

20. UNDERTAKER Ramsey Funeral Service
ADDRESS 9th & Oli

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.