DEC 22 1930

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

Do not use this space.

36949

1. PLACE OF DEATH

County Osage — Registration District No. 1135 — File No.

Township Lifm — Primary Registration District No. 5853a — Registered No. 90

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hiram Hatcher

(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. ..... 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)
M.	W.	M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84		4	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Canada

PARENTS

10. NAME OF FATHER Henry Hatcher

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Chris Mahoney
(Address) Overton Mo.

15. FILED 11-12 1930 A B Peters REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 1927, to Nov 11, 1930 that I last saw him alive on Nov 11, 1930, and that death occurred, on the date stated above, at 6.20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

90 Mitral Regurgitation
Broken Compensation
95-0 (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E L Meads, M. D
, 19 (Address) Bonnots Mill 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
Smith Cemetery	11-13-1930

20. UNDERTAKER	ADDRESS
Philip. Lock,	Bonnots Mill

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.