

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

Do not use this space.

220

85

PLACE OF DEATH

County Buchanan

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

City St. Joseph (No. \_\_\_\_\_)

Mo. Meth. Hospital

File No. \_\_\_\_\_

Registered No. 34

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hattie Mae Decker

(a) Residence, No. 6612 Sherman St., 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berl Decker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 11 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry Co.

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edward Burns

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

12. MAIDEN NAME OF MOTHER Lizzie Petty

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

14. INFORMANT Berl Decker  
(Address) 6612 Sherman St.

15. FILED JAN 10 1931 John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9, 1931 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 6<sup>th</sup> 1931 to Jan 8<sup>th</sup> 1931, (that I last saw her alive on Jan 8<sup>th</sup> 1931, and that death occurred, on the date stated above, at 1:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage of right side

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 6612 Sherman

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Clinical

(Signed) [Signature], M. D.

110123 (Address) 2625 St Joseph Ave

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cem. DATE OF BURIAL Jan 10 1931

20. UNDERTAKER Fred A. Clark ADDRESS 5025 King Hill Av.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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