

MAR 28 1931

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

Do not use this space.

5167

1. PLACE OF DEATH

County Greene Registration District No. 368  
Township \_\_\_\_\_ Primary Registration District No. 27021 File No. \_\_\_\_\_  
City Springfield Mo. No. Spfld Baptist Hospital Registered No. 94 Ward \_\_\_\_\_

2. FULL NAME

Thomas Hatfield  
(a) Residence, No. Rt. 4 - Box 1914 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
15 5 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER  
13. NAME T. D. Hatfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER  
15. MAIDEN NAME Frances Buckles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT T. D. Hatfield  
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb. 2 - 1931

19. UNDERTAKER Thomas Schmeyer Funeral Home  
(ADDRESS) Springfield Mo.

20. FILED 2 - 2 19 31 For Sharp  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to \_\_\_\_\_, 1931.

I last saw him alive on Feb. 1, 1931. Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Second degree burn  
Impetigo, large patches  
on trunk in which the  
was reading, accidentally  
caught fire and exploded.  
Home near city on highway  
(66)  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 210B Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-1, 1931

Where did injury occur? Springfield Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury \_\_\_\_\_

Nature of injury 2nd degree burn

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) S. C. Barber M. D.  
(Address) 842 Medical Bldg

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.

