

MAR 26 1931

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

6595

File No.
Registered No. 16 St. Ward)

1. PLACE OF DEATH
County Phelps Registration District No. 677
Township Primary Registration District No. 4403
City Rolla (No. St. Ward)

2. FULL NAME Norma Jean Hatch
(a) Residence No. St. Ward. (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 (write the word) Baby!

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9 - 1931

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Rolla (STATE OR COUNTRY) Missouri!

PARENTS
10. NAME OF FATHER e. c. Hatch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Licking (STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Myrtle Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Licking (STATE OR COUNTRY) Missouri

14. INFORMANT e. c. Hatch (Address) Licking, Mo.

15. FILED Feb 31, 1931 Joe. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1931, to Feb. 20, 1931, that I last saw her alive on Feb. 20, 1931, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 150 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Clarence McFarland, M. D.
, 19 (Address) Rolla, 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 Licking Mo DATE OF BURIAL Feb. 21 1931

20. UNDERTAKER Null & Licklider ADDRESS Rolla, Mo.

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.

