

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

Do not use this space.

9083

1. PLACE OF DEATH

County Carroll
Township
City Carrollton (No.)

Registration District No. 135-
Primary Registration District No. 3010

File No.
Registered No. 91
St. Ward)

2. FULL NAME Charles Franklin Hatcher

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861-4-31

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Hashinville Ky (STATE OR COUNTRY) 2

FATHER 13. NAME Ben Hatcher

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

MOTHER 15. MAIDEN NAME Sophia Settles

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Harry H. Hatcher (ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Trotter Cem DATE 3/19 1931

19. UNDERTAKER Standley (ADDRESS) Carrollton Mo

20. FILED 3/19 1931 Mrs E. E. Farham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1931, to 3-17 1931.

I last saw him alive on 3-17 1931. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Rupture of Right Lung
Internal Hemorrhage
210 M
103 B

Date of onset

Other contributory causes of importance:

Name of operation 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? Date of injury 3-17 1931

Where did injury occur? On U. S. Highway near Lexington (Specify city or town, county, and State)

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

Manner of injury Rupture of Right Lung

Nature of injury Internal Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Scovren M. D.

(Address) Carrollton 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Carrroll
Township Carrrolleton
City Carrrolleton (No. _____)

Registration District No. 135-
Primary Registration District No. 3010

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

Charles Franklin Hatcher

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 3/19 1936 Mrs E. E. Karubak Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17- 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Rupture of right lung - internal hemorrhage Date of onset _____

Other contributory causes of importance:

He was in an automobile accident on U.S. highway near Lexington, Mo. The car struck a tree and he was thrown out with the result
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? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. CARE 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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