

APR 23 1931

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

Do not use this space.

1. PLACE OF DEATH

County Huier
Township Bayard
City (No.)

Registration District No. 347
Primary Registration District No. 5485

File No. 9623
Registered No. 37
St. (No.) Ward (No.)

2. FULL NAME

Harward J. Hatton

(a) Residence. No. (Usual place of abode) St. (No.) Ward (No.)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (No)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1857

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
74 1 15

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)
Stark Co 2
Ohio

PARENTS

10. NAME OF FATHER John Hatton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Stark Co
Ohio
12. MAIDEN NAME OF MOTHER Marionna Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Stark Co
Ohio

14. INFORMANT Mrs Barge Hatton
(Address) Greene, Mo R. 4

15. FILED 7/6 1931 Ed C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to Mar 3, 1931, that I last saw him alive on Mar 3, 1931, and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Influenza and
Pneumonia
Duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 11B
Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF (1)
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Edgar M. Griffith
, 19 (Address) Creighton, 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

Franklin

DATE OF BURIAL

Mar 5 1931

20. UNDERTAKER

R B Arnold

ADDRESS

Creighton, Mo

