

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

Do not use this space.

15298  
8

**1. PLACE OF DEATH**

County Putnam Registration District No. 719  
Township Flr Primary Registration District No. 5950  
City (No. ) St. Ward)

File No. \_\_\_\_\_  
Registered No. 60

**2. FULL NAME Cassie A. Hatfield**

(a) Residence, No. \_\_\_\_\_ 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 (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.S. Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 235  
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) Mo.

13. NAME E. F. Miller

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

15. MAIDEN NAME Lucretia Bland

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

17. INFORMANT L. S. Hatfield  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greengrove DATE 17th. 1931

19. UNDERTAKER F. O. Husted & Son  
(ADDRESS) Unionville Mo

20. FILED 4/23, 1931 Osward Smith  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15-1931

22. I HEREBY CERTIFY, That I attended deceased from #####, 1931, to #####, 1931

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 a.m.  
The principal cause of death and related causes of importance were as follows:

Struck by Lightning  
instantly killed  
While working in the garden

Date of onset

Other contributor 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 \_\_\_\_\_, 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) Frank Ouel Carmar, M.D.  
(Address) Unionville Mo

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.

MAY 27 1931

