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

Do not use this space.

34059 42

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Dunklin

Township: Buffalo

City: ..... (No. ..... St. ..... Ward)

Registration District No. 283

Primary Registration District No. 5402

2. FULL NAME: Charles Henry Hatch

(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.

NOV 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, DIVORCED (write [illegible]): [illegible]

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-4-31

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 21 hrs. or ..... min.

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) (STATE OR COUNTRY): Arlyne Mo

PARENTS

10. NAME OF FATHER: C. H. Hatch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

12. MAIDEN NAME OF MOTHER: Catherine Hayes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: C. H. Hatch

(Address): Poragould Ark

15. FILED 10/4, 1931. [illegible] Newsom, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[illegible] DEATH (MONTH, DAY AND YEAR): 10-4-1931

[illegible] HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to ....., 19..., [illegible] last saw alive on ....., 19..., and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: [illegible]

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [illegible]

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. H. Hardesty, M. D.

, 19 (Address) Poragould Ark

*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: Kennett Mo

DATE OF BURIAL: 10-5 1931

20. UNDERTAKER: Harwood & Anderson

ADDRESS: Arbyrne 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.