

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

Do not use this space.

35384

1. PLACE OF DEATH

County Putnam Registration District No. 719
Township Edm. Primary Registration District No. 6950
City _____ (No. _____) St. _____ Ward _____

File No. 18
Registered No. 68

2. FULL NAME

David Garrison 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1842
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 9 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Putnam Co.

13. NAME Andrew Hatfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Tenn.

15. MAIDEN NAME Maria Ann Miller

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

17. INFORMANT Garrison P. Hatfield
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hatfield cem. DATE Oct. 19, 1931

19. UNDERTAKER J. D. Husted & Son
(ADDRESS) Union Mills, Miss. Spr.

20. FILED Oct. 19, 1931 Durwood Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1931 to Oct 17, 1931

I last saw him alive on Oct 17, 1931 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Cerebral Hemorrhage Date of onset Oct. 10, 1931

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Other contributory causes of importance: Cranial Nephritis

Name of operation None 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? No

If so, specify _____ (Signed) N. D. Garrison, M. D.
(Address) Springer 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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 5 1931

