

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

Do not use this space.

40870

**1. PLACE OF DEATH**

County Jackson Registration District No. 3612  
Township 1st Primary Registration District No. 3612  
City N. C. Mo. (No. 3612)

File No. 4850  
Registered No. 4850  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sylvanus J. Hatch of \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(a) Residence, No. 3612 North (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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1852

7. AGE YEARS 79 MONTHS 7 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Outsburg Penn.

FATHER 13. NAME Davis P. Hatch

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

MOTHER 15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT Mrs. Maggie Hatch (ADDRESS) 3612 North

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec 7 1931 2-p.m.

19. UNDERTAKER Mrs. C. R. Forster (ADDRESS) 918 Brooklyn Ave

20. FILED 12/6 1931 M. M. Cronin Registrar

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1929, to Dec 4 1931  
I last saw him alive on Dec 4 1931. Death is said to have occurred on the date stated above, at 6 P. m.

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

Cerebral Hemorrhage  
92A  
92A  
92A  
Other contributory causes of importance:  
mitral insufficiency of the heart

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

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) Dr. Frank Watson, M. D.  
(Address) 1120-1121 Radio Bldg.  
N. C. Mo.

WRITE CAREFULLY, 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.

Rialto Vi - 0730

→ 2401 Prospect Ch. 6458

9 am Monday