

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

Do not use this space.

3828

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. 2639)

85

Registration District No. _____
Primary Registration District No. 1001
2639 (date)

File No. _____
Registered No. 181
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2639 (Usual place of abode) Pattee St., _____ Ward.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard H. Hatcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	11	15	

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

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) Unknown Ill.

13. NAME Wm Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

17. INFORMANT John H. Hatcher (ADDRESS) 2824 do 2nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore DATE 2-27-32

19. UNDERTAKER Wesley Cole (ADDRESS) Fillmore

20. FILED 2-25 19 32 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1932, to Feb 25 1932. Last saw her alive on Feb 25 1932. Death is said to have occurred on the date stated above, at 7:10 a.m.

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

Bronch Pneumonia 930 NO VIT 930 Chronic Myocarditis 2/25/32

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) J. F. Owens, M. D. (Address) Bullinger Bldg.

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.

MAR 21 1932

