

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

Do not use this space.

7381

1. PLACE OF DEATH

10 County Boone Registration District No. 73
3 Township Columbia Primary Registration District No. 3006
8 City Columbia (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 66
St. _____ Ward _____

2. FULL NAME

Jessie A. Hatton
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>April 7 - 1841</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-11-92</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>11</u>	<u>92</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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)	<u>Boone Co Mo</u>			
FATHER	13. NAME <u>Columbus Hatton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Mary Susan Michael</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo</u>			
17. INFORMANT (ADDRESS) <u>Lora Yeager, Columbia, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Providence</u> DATE <u>3-30-1932</u>				
19. UNDERTAKER (ADDRESS) <u>A. H. Wardenweber, Columbia, Mo.</u>				
20. FILED <u>3/29/32</u> <u>Allie Selby</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:00 P.M. The principal cause of death and related causes of importance were as follows:

Acute sero-fibrinous purulent peritonitis
Perforated ulcer of ileum

Date of onset _____

Other contributory causes of importance:
Perforated ulcer of ileum

Name of operation _____ Date of _____
none (5)

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) E. G. Davis, M.D.
(Address) Columbia, 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.

APR 3 1932

