

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

Do not use this space.

19458

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 339
Primary Registration District No. 1002
(No. St. Joseph Hospital)

File No. _____
Registered No. 2200
St. _____ Ward _____

2. FULL NAME Marilyn Hatten

(a) Residence, No. 5135 Valron St. 16 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. 2 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2nd, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inf.</u>	11. Total time (years) spent in this occupation <u>16 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>15 1/2</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

13. NAME P. E. Hatten

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

15. MAIDEN NAME Mildred Loreck

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

17. INFORMANT P. E. Hatten
(ADDRESS) 5135 Valron

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE June 6th, 1932

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED June 6 19 32 M. M. Perowe
Regist. Asst.

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1932, to 6/5, 1932

I last saw him/she on 6/4, 1932 Death is said

to have occurred on the date stated above, at 6 a.m.

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

Convulsion probably due to hemorrhage neonatorum (no evidence of birth injury)

Date of onset

Other contributory causes of importance:

Prematurity & Inanition Birth wt only 2 lbs 15 g Edutinal twin

Name of operation 16/10 Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) W. F. Mayberry, M. D.

(Address) 1601 Maple St.

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.

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