

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.

NOV 29 1932

Stettin

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

Do not use this space.

1. PLACE OF DEATH
 10 County Boone Registration District No. 73 File No. 31431
 3 Township Columbia Primary Registration District No. 3006 Registered No. 230
 8 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME James Anderson Hathman
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Hathman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1868

7. AGE YEARS 64 MONTHS 0 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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. 93

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

FATHER
 13. NAME James A. Hathman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Eliza Breedlove
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Eliza Hathman
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dripping Spout DATE 10-30 19 32

19. UNDERTAKER W. H. W. W. W.
 (ADDRESS) Columbia, Mo.

20. FILED 11/29/32 Allie Selby
 Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1931, to Oct 28 1932
 I last saw him alive on Oct 28 1932 Death is said to have occurred on the date stated above, at 6:45 m. P.
 The principal cause of death and related causes of importance were as follows:
Auricular fibrillation -
Chronic myocarditis -
Pulmonary edema -
Atherosclerosis of thyroid gland -
Decompensation of heart -
 Other contributory causes of importance: 93 ①
 Name of operation Thyroidectomy Date of Oct 26-30
 What test confirmed diagnosis? Operative 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) Carl J. Dietrich M. D.
 (Address) Columbia, Mo.

