

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

Do not use this space.

31578-1

1. PLACE OF DEATH
 15 County Caldwell, Registration District No. 93
 1 Township Davis, Primary Registration District No. 4055
 3 City Braymer, (No.) St. Ward)

File No.
 Registered No. 18

2. FULL NAME Ida Jane Hatfield,
 (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 Female, 4. COLOR OR RACE White, 5. Widowed OR Widowed (write the word)

5A. IF Widowed OR Widowed
 (OR) WIFE OF Allen Hatfield,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, -26th -1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	3	2	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired House Wife,
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired,
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio.
 (STATE OR COUNTRY)

10. NAME OF FATHER William Roller,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio.
 (STATE OR COUNTRY)

14. INFORMANT Madon Hays,
 (Address) Braymer, Mo.

15. FILED Nov 11, 1932 H.H. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct -28- 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct-10- 1932 to Oct-28 1932 that I last saw her alive on Oct 28 1932 and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF None
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Orville B. J. ...
Oct 29, 1932 (Address) Braymer Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Union Cemetery, DATE OF BURIAL Oct. -30th 1932

20. UNDERTAKER E. P. Michael-Braymer
 ADDRESS Mo.

JAN 22 1933

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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