

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

Do not use this space.

35152

1. PLACE OF DEATH

County Clinton Registration District No. 207  
Township 2 Primary Registration District No. 4125  
City Plattsburg (No. 2) St. 2 Ward 1

File No. 19  
Registered No. 19

2. FULL NAME Carrie Norton Hiatt

(a) Residence, No. 29 St. 2 Ward 1  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charville M. Hiatt

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Nov 28 1932

I last saw her alive on Nov 28 1932. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1849

to have occurred on the date stated above, at 1030 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 1 9

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

Fracture of Femur Oct 6,  
Influenza with Pneumonia  
Nov 24  
Heart - Pneumonia

Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1868

10. Date deceased last worked at this occupation (month and year) 1911

11. Total time (years) spent in this occupation 19

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

13. NAME Berryman Shaver

Name of operation 3 Date 3

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Co. Virginia

What test confirmed diagnosis? 3 Was there an autopsy? 3

15. MAIDEN NAME Susan Trout

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 3 Date of injury 3, 1932

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Co. Virginia

Where did injury occur? 3

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Wm. Shaver  
(ADDRESS) Plattsburg Mo.

Manner of injury 3

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Plattsburg DATE Nov. 30 1932

Nature of injury 3

19. UNDERTAKER Wm. Y. Brown  
(ADDRESS) Plattsburg Mo.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

20. FILED 11/20 1932 Wm. Y. Brown Registrar.

(Signed) R. M. Hayward, M. D.  
(Address) Plattsburg, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Clinton  
Township Blattsburg  
City Blattsburg (No. \_\_\_\_\_)

Registration District No. 207  
Primary Registration District No. 4123-

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED Jan 18, 1932 Emmie Blackman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Fracture of femur  
complicated with  
osteomyelitis  
fell on granatoid  
side walk

Other contributory causes of importance: \_\_\_\_\_

Name of operation 1860C Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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