

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

Do not use this space.

36141

1. PLACE OF DEATH

119 County Jasper
11 Township Webb
17 City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 97
St. Ward)

2. FULL NAME

(a) Residence No. 600 S. Ball 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. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. D. Hatten
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 11 3
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Alvin D. Hatten
(Address) Independence, Mo

15.

FILED 11/16, 1932 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-11-1932 to 11-15-1932 that I last saw her alive on 11-13-1932 and that death occurred, on the date stated above, at 6:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary embolus following a heart block
43A
94B (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) 4B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF ...

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physcal

(Signed) C. P. Dumbauld, M. D.

11/16, 1932 (Address) Webb City 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

DATE OF BURIAL

Mount Hope Cem 11/17 1932

20. UNDERTAKER

ADDRESS

Webb City, Mo Webb City

K. 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.

MADE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

