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.

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

Do not use this space.

42432

1. PLACE OF DEATH
County: St Louis — Registration District No.: 791
Township: — Primary Registration District No.: 10453
City: St Louis — (No. Mo. Pac. Hosp. St. Ward)

File No.:
Registered No.: 11564

2. FULL NAME: Charles Fatchett — Mo Pacific Hospital
(a) Residence, No. (Usual place of abode): Jackson, Mo. St., 17 Ward. Jackson, Missouri (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: 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: Mandia Wallace Fatchett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 - 1875

7. AGE: YEARS 57 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engine Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 182
10. Date deceased last worked at this occupation (month and year): Aug 1 - 1932
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bismarck Mo

FATHER
13. NAME: Joe Fatchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopewell Mo

MOTHER
15. MAIDEN NAME: Nancy M Fatchett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): A. R. Fatchett, Collinston La.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jackson Mo. DATE: Dec 27, 1932

19. UNDERTAKER (ADDRESS): Cracraft & Miller, Jackson, Mo.

20. FILED: DEC 27 1932, 19 — Max C Starkey, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Dec 24, 1932
I last saw him alive on Dec 24, 1932. Death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	
c̄ hypertension	?
93c	
97	
102	

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... 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? No
If so, specify .....
(Signed) Tom F Whayne, M. D.
(Address) Mo Pac Hosp