

MAR 6 1933

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

Do not use this space.

8250

## 1. PLACE OF DEATH

107 County Oleas Registration District No. 18  
Township Morris Primary Registration District No. 6199  
City (No. St. Ward)

## 2. FULL NAME

Sarah Elizabeth Hatcheson  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt Hatcheson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 1 4

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

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) Kentucky

13. NAME Lafette Smith

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

15. MAIDEN NAME Katharine

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

17. INFORMANT (ADDRESS) Will Hatcheson  
Oleas, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oleas DATE Feb 8, 1933

19. UNDERTAKER (ADDRESS) G. J. Sullivan

20. FILED 2-9- 1933 Co. to Francis  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Feb 7, 1933

I last saw h. as alive on Feb 6, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

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

Cirrhosis of Liver

Date of onset

Other contributory causes of importance: Senility

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?

If so, specify

(Signed) W. B. Herron, M. D.

(Address) Houston, Mo

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.

