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

MAY 24 1933

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

Do not use this space.
15522

1. PLACE OF DEATH
10 County Vernon
2 Township ~~Center~~
9 City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 101

2. FULL NAME Mrs. Margaret Hatfield

(a) Residence, No. N. Ash 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas W. Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1866

7. AGE YEARS 67 MONTHS 1 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lexington Mo.

FATHER
13. NAME Daniel Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Rosa Tiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Alice Logan Fort Scott, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Calvary DATE April 1st 1933

19. UNDERTAKER (ADDRESS) Marsh Eichinger Nevada Mo.

20. FILED 5/4/ 1933. E. R. King. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1933

22. I HEREBY CERTIFY That I attended deceased from April 22, 1933 to April 29, 1933
I last saw her alive on Apr 2/, 1933 Death is said to have occurred on the date stated above, at 3:45 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 4/22/33

82D

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Paralysis Was there an autopsy? No

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) E R King, M. D.
(Address) Nevada Mo.