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

Do not use this space.

33478

File No.

Registered No. 97

1. PLACE OF DEATH

County: Jefferson

Township:

City: Festus (No. St. Ward)

Registration District No. 421

Primary Registration District No. 4249

2. FULL NAME: Peter Hattershire

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 10 1933

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: Mary E. Hattershire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4 1850

7. AGE: Years 83 Months 1 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 19 19

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry Hattershire

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

MOTHER

15. MAIDEN NAME: Anna Marie Becker

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

17. INFORMANT (ADDRESS): Alice Hattershire Festus missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE: Carlyle Ill. DATE: Oct 6 1933

19. UNDERTAKER (ADDRESS): Duester & Vinyard Festus mo.

20. FILED: 10/5 1933 J. E. Rutledge Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from September 19 1933, to October 4 1933

I last saw him alive on October 4 1933. Death is said to have occurred on the date stated above, at 1:45 P. m.

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

	Date of onset
Myocarditis Chronic	unknown
93 C	
92 A	
Other contributory causes of importance: Cerebral Hemorrhage	4/7/33

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) Harry Gaskit, M. D.

(Address) Festus Mo

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.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING