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.

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

Do not use this space. 1360

1. PLACE OF DEATH
County Jackson — Registration District No. 329 — File No.
Township Kaw — Primary Registration District No. — Registered No. 329
City Kansas City (No. 1639 Summit St. Ward)

2. FULL NAME Alexander Howard Hatfield
(a) Residence, No. 1639 Summit 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: 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 Myrtle Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1873

7. AGE: 60 YEARS — MONTHS: 1 — DAYS: 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Real
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estate Agent
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) Dallas County Missouri

FATHER
13. NAME James D. Hatfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Elizabeth ----
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Myrtle Hatfield 1639 Summit

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 23, 1934

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home 3400 Woodland Ave.

20. FILED Jan 23, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/34, 19

22. I HEREBY CERTIFY, that I attended deceased from ..., 19..., I last saw him alive on ..., 19.. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic arthritis myocarditis
Acute pulmonary edema
Date of onset

Other contributory causes of importance:
93C
94B
111B
93C

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) ....., M. D.
(Address) .....