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.

MAR 24 1934

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

Do not use this space.

7343

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 56

City ~~Koch~~ (No. , St. Ward)

2. FULL NAME MARJORIE HATTON

(a) Residence, No. 2307 Mallinkrodt St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 15 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1913

7. AGE: YEARS 20 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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): England

FATHER

13. NAME: James H. Hatton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Mary Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Koch Hospital Records Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE 2-24 1934

19. UNDERTAKER (ADDRESS): Henry Leidner Und. 1417 N. Market St.

20. FILED Feb 22 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Feb. 21, 1934
I last saw her alive on Feb. 21, 1934. Death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1929

23A

23

Other contributory causes of importance:

Name of operation Left thoracoplasty Date of 7-27-32
What test confirmed diagnosis? X-ray and sputum Was there an autopsy? Yes

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) Joseph T Maher, M. D.
(Address) Robert Koch Hospital Koch Mo.