

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

Do not use this space.

21322

1. PLACE OF DEATH

County Newton
Township Mason
City Diamond (No.)

Registration District No. 615
Primary Registration District No. 5817

File No.
Registered No. 15
St. Ward)

2. FULL NAME

John William Hattfield

(a) Residence No. R7D #1 Diamond Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 22-1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>4</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	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) <u>1933</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas County, Mo</u>		
MOTHER FATHER	13. NAME <u>J W Hattfield</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas County, Mo</u>	
	15. MAIDEN NAME <u>Annie Hendrix</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas County, Mo</u>	
17. INFORMANT (ADDRESS) <u>Diamond, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oklahoma City, Okla</u> DATE <u>6/27</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>W O Kitchin, Puyhon</u>		
20. FILED <u>6/27</u> 19 <u>34</u> <u>D. S. Chapman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25 1934, to June 26 1934

I last saw him alive on June 25 1934 Death is said to have occurred on the date stated above, at 3 P m.

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

Arteriosclerosis.
Date of onset

Other contributory causes of importance

Name of operation Castration Date of May 25
What test confirmed diagnosis? None 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.....

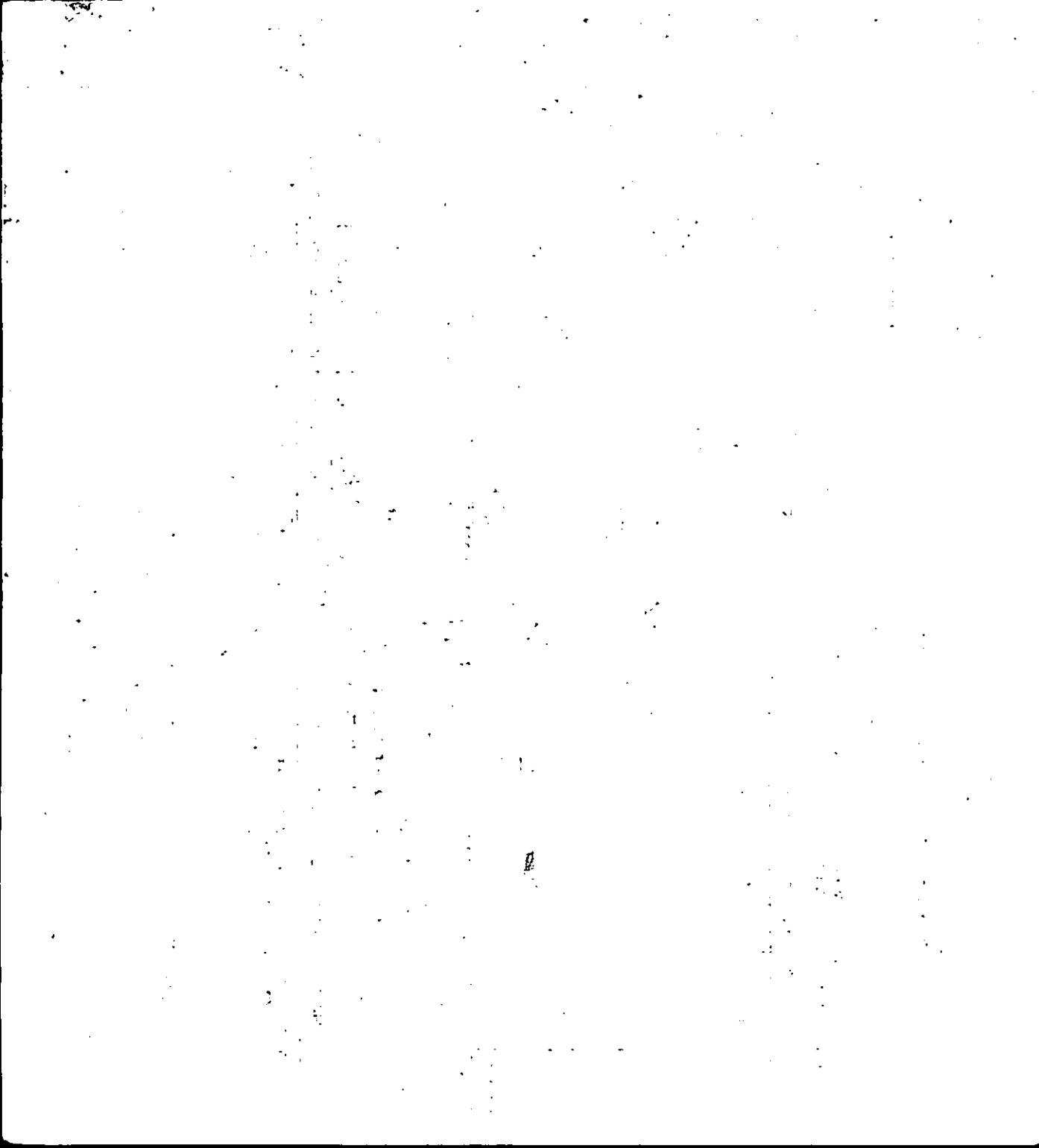
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. P. Cheatham M. D.
(Address) Diamond, 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.



Newton

21322

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *John Wm Hatfield*
Who died at _____ on *June 26 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *M* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *53* Months *9* Days *4*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Arteriosclerosis

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Cancer of Testicle.*

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician *R. P. Chatham*

Address of physician *21322*

Signature of Registrar *[Signature]* Date filed *Sept 13 - 1934*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McLaughlin

State Registrar

Reg. Dist. No. *615*

Primary Reg. Dist. No. *5817*

Special Agent.

JAN 31 1935

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