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.

AUG 15 1934

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

Do not use this space.

27302

1. PLACE OF DEATH
County: St Louis — Registration District No. 791 — File No.
Township: — Primary Registration District No. 1003 — Registered No. 7543
City: (No. St. Ward)

2. FULL NAME: Baby George & Bertha Hatchett
(a) Residence, No. 237a So Jefferson Ward 22
(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24-34
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 12 hrs. or min.

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

FATHER
13. NAME: George Hatchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER
15. MAIDEN NAME: Bertha Heart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): George Hatchett 237a So Jefferson
18. BURIAL, CREMATION, OR REMOVAL
PLACE: E. St Louis Ill. DATE: 7/27 1934
19. UNDERTAKER (ADDRESS): V M McGuire 3517 Laclede ave
20. FILED: 21 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/25 1934
22. I HEREBY CERTIFY, That I attended deceased from 7-24-1934 to 7-25-1934
I last saw her alive on 7-25-1934. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
Hereditary Syphilis — Date of onset 7-24
34
Other contributory causes of importance: Hereditary Syphilis
Name of operation: no — Date of —
What test confirmed diagnosis? Symptoms — 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? no
If so, specify
(Signed) L. E. Vincent, M. D.
(Address) 2601 Walnut