

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

Do not use this space.

OCT 11 1934

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirkville, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 31825  
Registered No. 178

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Edw. L. Hatfield</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-30-1871</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>14</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>Farmer</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)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Iowa

MOTHER FATHER 13. NAME W. H. Hatfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Iowa

15. MAIDEN NAME Susan J. Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
see

17. INFORMANT (ADDRESS)  
Mrs. John Young, Kirkville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony, Grant Co DATE 9-16 1934

19. UNDERTAKER (ADDRESS)  
Geo. P. Riley, Kirkville, Mo

20. FILED Sept 15 1934 Spencer Freeman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1934, to Sept 14 1934.

I last saw him alive on Sept 9 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Pericardial aneurysm  
TIA

Other contributory causes of importance:

Name of operation none Date of Sept 14  
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? no  
If so, specify \_\_\_\_\_

(Signed) F. B. Farrington M. D.  
(Address) Kirkville, Mo

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.

