

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.

OCT 2 1934

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

Do not use this space.

35015

1. PLACE OF DEATH

County Verde Registration District No. 875
Township Verde Primary Registration District No. 3039
City Verde (No. _____) St. _____ Ward _____

File No. _____
Registered No. 188

2. FULL NAME

Charles Hetalante
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Hetalante
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1848
7. AGE YEARS 86 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dr. Delmar

13. NAME Urban

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

15. MAIDEN NAME Urban

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

17. INFORMANT Sadie L. Linnane
(ADDRESS) Rich Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek, Mo. DATE Sept. 13, 1934

19. UNDERTAKER Verde Funeral Home
(ADDRESS) Verde, Mo.

20. FILED Sept. 13, 1934 M. Eichinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1934, to Sept. 11, 1934.
I last saw him alive on Sept. 10, 1934. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes
Date of onset 59
Other contributory causes of importance: 59

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? No.

If so, specify _____

(Signed) Rich Hill, M. D.

(Address) Verde 960

