

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.

JAN 14 1935

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

Do not use this space.

42099

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. 416- Scott, St.)

File No. _____
Registered No. 1437
St. _____ Ward _____

2. FULL NAME Hattie Hatcher

(a) Residence, No. 416- Scott, St. 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>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Year 1878</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>unknown</u>	DAYS <u>unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Troy, Ky</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Eddie Hatcher</u> (ADDRESS) <u>416- Scott, St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cem.</u> DATE <u>Jan. 2nd, 1935</u>		
19. UNDERTAKER <u>Ramsey's Mortuary</u> (ADDRESS) <u>9th. & Olive, St.</u>		
20. FILED <u>12-31-34</u> 19 <u>34</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30. 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934, to Dec 30, 1934
I last saw her alive on Dec 29, 1934. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
Labor Pneumonia
Influenza
Other contributory causes of importance:
11A 1934
11A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? NO
If so, specify _____
(Signed) J. D. Sey M. D.
(Address) St. Joseph, Mo.

