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.

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

JAN 18 1935

Do not use this space.

43186

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. Mo. (No. St. Marys Hospital St. Ward)

2. FULL NAME Emma B. Hatton
(a) Residence, No. 3818 Mercier 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-1868

7. AGE: YEARS 66 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Chemois Illinois

FATHER
13. NAME J. C. Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record.

MOTHER
15. MAIDEN NAME no record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record.

17. INFORMANT (ADDRESS) G. A. Hatton Little Rock Ark.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia, Mo DATE 12-28 1934

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K.C. Mo

20. FILED 12-27 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934, to Dec 26 1934
I last saw her alive on Dec 26 1934. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset
107 a

Other contributory causes of importance: cerebral Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Usual 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) E. B. Hobbs, M. D.
(Address) 822 Argyle Bldg Kansas City Mo