

JUL 8 9 1935

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

Do not use this space.

19326

1. PLACE OF DEATH

County Haines
Township Washington
City St. Louis (No. 15)

Registration District No. 249
Primary Registration District No. 5347

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

2. FULL NAME Frances A. Hathaway

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 12

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) Jan - 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Indiana

13. NAME Andrew J. Hathaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Harriet Allen

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

17. INFORMANT Mrs. Etidha Hathaway (ADDRESS) Washington, Md. D.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffey, Mo. DATE June 13 - 1935

19. UNDERTAKER W. H. Haines (ADDRESS) Union, Mo.

20. FILED June 13, 1935 Mrs. H. A. Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 - 25, 1935, to 6 - 12, 1935

I last saw him alive on 6 - 12, 1935. Death is said to have occurred on the date stated above, at 7 A.M.

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

Chronic Nephritis Date of onset 1927
Chronic Myocarditis 1919
Thrombic Poisoning 5/16/35

Other contributory causes of importance _____

Name of operation None Date of _____

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) W. H. Haines

(Address) Coffey, Mo.

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.

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