

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

Do not use this space.

AUG 14 1935

19363

1. PLACE OF DEATH

County Worthen
Township Independence
City Independence (No. _____)

Registration District No. 288
Primary Registration District No. 4172

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

2. FULL NAME

Robert B. Hatten

(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26 - 1928</u>		
7. AGE	YEARS	MONTHS
	<u>6</u>	<u>11</u>
		DAYS
		<u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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) <u>Kennett, Mo.</u>		
FATHER	13. NAME <u>Frank S. Hatten</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Kennett, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Annie Hutchinson</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Kennett, Mo.</u>	
17. INFORMANT <u>Frank S. Hatten</u> (ADDRESS) <u>Kennett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>North Cannon</u> DATE <u>June 13 - 1935</u>		
19. UNDERTAKER <u>Baldwin Funeral Home</u> (ADDRESS) <u>Kennett, Mo.</u>		
20. FILED <u>July 20, 1935</u> <u>W. H. Wood</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6:45, 1935, to June 12, 1935.
I last saw him alive on June 10, 1935. 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:
Rheumatic Heart
V. D. Mitral Stenosis 4 m.
Date of onset _____

Other contributory causes of importance: _____

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) W. H. Wood M. D.
(Address) Kennett, Mo.

