

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.

1935 21

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

Do not use this space.

20722

1. PLACE OF DEATH

County Poltz Registration District No. 707
Township East Looney Primary Registration District No. 5-936
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8

2. FULL NAME

Harrison Wayne Hatter
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Hatter</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 29 - 1940</u>			
7. AGE <u>75</u> YEARS	<u>3</u> MONTHS	<u>19</u> DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>		
	10. Date deceased last worked at this occupation (month and year) <u>1/2 1935</u>		
FATHER	11. Total time (years) spent in this occupation _____		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Slagle Mo. Poltz Co. Mo.</u>		
MOTHER	13. NAME <u>Jessie Hatter</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jennison</u>		
15. MAIDEN NAME <u>Jane Ann Slagle</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poltz Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>May Hatter, Poltz, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Slagle</u> DATE <u>June 23 1935</u>			
19. UNDERTAKER (ADDRESS) <u>Walter and Agnes Balunas, Poltz, Mo.</u>			
20. FILED <u>July 19 1935</u> Mrs. Mattie M. Taylor Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1935

22. I HEREBY CERTIFY, that I attended deceased from June 17 1935 to June 17 1935.
I last saw him alive on June 17 1935. Death is said to have occurred on the date stated above, at 9:30 pm.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset _____

Other contributory causes of importance:
arteriosclerosis, Hypertension

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? _____
If so, specify _____
(Signed) G. Smith, M. D.
(Address) Balunas Mo

