SEP 2 6 1935

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

Do not use this space.

24199

1. PLACE OF DEATH

County St. Francois — Registration District No. 33

Township Randolph — Primary Registration District No. 6024B

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Theodore Hatridge

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	14	2	6	

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) Leadwood Mo

FATHER

13. NAME Erbie Hatridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo.

MOTHER

15. MAIDEN NAME Beulah Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Mo.

17. INFORMANT Mrs Beulah Clark
(ADDRESS) Leadwood Mo.

18. BURIAL, CREMATION, OR REMOVAL Leadwood Cemetery DATE 8-1 30 19

19. UNDERTAKER Caldwell Bros
(ADDRESS) Flat Rivers

20. FILED Aug 1, 1935 W E Aubuchon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended from Feb 1 last August on deceased, last saw him alive on July 31, 1935. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Jury Verdict.
Death as a result of shock from accidentally coming in contact with an electric wire on the property of St Joe Lead Co.

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... 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? .....
If so, specify .....

(Signed) Alexander Prince, M. D.
(Address) Coroner St. Francois Co
Farmington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

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