

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.

SEP 23 1935

26975

1. PLACE OF DEATH

County Macon Registration District No. 526
 Township Lida Primary Registration District No. 5700
 City Atlanta MO (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Luther Hatter

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Ann Hatter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-14-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 16

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 _____
Retired Farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Co. Missouri

13. NAME Oliver Hatter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Susan Bealmer

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

17. INFORMANT Ann Hatter
 (ADDRESS) Atlanta MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Plata MO DATE Sept 2nd 1935

19. UNDERTAKER Funerary
 (ADDRESS) Atlanta MO

20. FILED Sept 5 1935 A. L. Cambr
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1935, to Aug 30 - 1935.
 I last saw him alive on Aug 20, 1935. Death is said

to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Inf. Maxilla
and associated thrombosis
of 13
 Date of onset 1934

Other contributory causes of importance:

None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) A. L. Cambr, M. D.
 (Address) Atlanta MO

Inferior Maxilla