

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 19 1935

32070

1. PLACE OF DEATH

County Cape Girardeau
Township Whitewaters
City Rt. 2 Milleraville (No. _____)

Registration District No. 124
Primary Registration District No. 5783

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

Floyd Gale Hattle

(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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single Boy</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>_____</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1920</u>		
7. AGE	YEARS <u>15</u>	MONTHS <u>3</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Boy</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>	
	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>Rt. 2 Milleraville Mo.</u>		
MOTHER	13. NAME <u>Jose P Hattle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milleraville Mo.</u>	
	15. MAIDEN NAME <u>Maraba Brubrough</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedgwickville Mo.</u>	
17. INFORMANT (ADDRESS) <u>Jose P Hattle Milleraville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Angel Heights</u> DATE <u>Oct 30 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Tomlin Funeral Co. Jackson Mo.</u>		
20. FILED <u>10/29 1935</u> <u>D. G. Huber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1935
I HEREBY CERTIFY that I attended deceased from Oct 7 1935 to Oct 28 1935
I last saw him alive on Oct 28 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Myocarditis Date of onset 1930

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) D. G. Huber, M. D.
(Address) Jackson Mo.

