

FEB 19 1936

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

Do not use this space.

1714

1. PLACE OF DEATH

County JasperRegistration District No. 408

File No.

Township

Primary Registration District No. 3070

Registered No.

City Carthage(No. M^cCune - Brooks Hospital Ward)

2. FULL NAME

Norris Bennett Hatchler(s) Residence, No. 1700 S Main St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17 - 1918</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>2</u>	DAYS <u>22</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>Student</u>
	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) San Bernardino
(STATE OR COUNTRY) Calif.13. NAME Nicholas Hatchler14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Margaret M^cGeary16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)17. INFORMANT Nicholas Hatchler
(ADDRESS) Carthage Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Hosken Cemetery DATE 1/12 193619. UNDERTAKER Ulmer
(ADDRESS) Carthage Mo.20. FILED Jan 11 1936 S B Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 193622. I HEREBY CERTIFY, that I attended deceased from Jan 4 1936 to Jan 8 1936
I last saw her alive on Jan 8 1936. Death is saidto have occurred on the date stated above, at 8:50 a.m.

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

Bilateral Bronchopneumonia

Date of onset

Other contributory causes of importance:

InfluenzaName of operation Date ofWhat test confirmed diagnosis? Clin. Lab. Was there an autopsy? No23. 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) Royd B. Clinton, M. D.(Address) Carthage Mo.

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.

