

MAR 20 1936

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

Do not use this space.

60324

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg (No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 10

2. FULL NAME Frankie Hathaway

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

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19. 1863.

7. AGE YEARS 72 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Keokuk Iowa

MOTHER FATHER 13. NAME James Miller

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

MOTHER 15. MAIDEN NAME Nancy Johnson

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

17. INFORMANT Mrs Wm Bryant (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Feb. 9. 1936

19. UNDERTAKER Sweeney Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Feb. 9. 1936 Earl Gentry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th 1936 to Feb 8 36, 19...
I last saw h. or alive on Feb 7th 1936. Death is said to have occurred on the date stated above, at 2:40A.m.

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

Cerebral Hemorrhage Date of onset I 25

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Cerebral 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? no
If so, specify

(Signed) [Signature] M. D.
(Address) Warrensburg Mo

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.

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

