

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.

25982

1. PLACE OF DEATH **AUG 18 1936**  
County Cole Registration District No. 212  
Township Clark Primary Registration District No. 5292  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 8

2. FULL NAME Madine C. Hatfield  
(a) Residence, No. Eugene, Mo. St. Ward. (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 Female 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 W. W. Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
61 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Stockton Missouri

13. NAME Shaderick Chandler

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

15. MAIDEN NAME Elizbeth Cassey

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

17. INFORMANT W. W. Hatfield (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Hill Cem. DATE July 26th, 1936

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED July 24 1936 Mr. L. L. Glover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 to July 24. I last saw her alive on July 24, 1936. Death is said to have occurred on the date stated above, at 12:10 P. M.

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

Cancer metastasis

Date of onset

Other contributory causes of importance:

Name of operation Bypass Date of hand

What test confirmed diagnosis? Biopsy 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) Raymond Douglas, M. D.

(Address) Jefferson City, Mo.

