OCT 21 1936

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

Do not use this space.

37437

1. PLACE OF DEATH
County: Grundy
Township: Liberty
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 327
Primary Registration District No. 5453

File No. .....
Registered No. 13

2. FULL NAME: Nora Jane Hatfield

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: George Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	7	27	

OCCUPATION
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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy County Missouri

FATHER
13. NAME: Isaac Washburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Mary Rush
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT: Orpha Hamilton
(ADDRESS): Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: South Avenue DATE: 10-4-1936

19. UNDERTAKER: Chas. E. Schooler
(ADDRESS): Spickard, Mo

20. FILED: 10-5-1936 W. C. Weston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sep. 5, 1936, to Oct. 3, 1936
I last saw her alive on Oct. 1, 1936. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, Secondary non epidemic	Sep 12

Other contributory causes of importance:
Septic throat

Name of operation: None Date of: —
What test confirmed diagnosis? — 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) Cecil L. McClanahan M. D.
(Address) Spickard 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.

12