

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.

DEC 30 1936

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

Do not use this space.

43414

## 1. PLACE OF DEATH

County Saline Registration District No. 796 File No. \_\_\_\_\_  
Township Marshall Primary Registration District No. 3038 Registered No. 217  
City Marshall, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wilma Jean Hatfield

(a) Residence, No. 874 So. Salt Fork St. Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Infant</u> |           |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Infant</u>         |   |  |           |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1931</u>                           |   |  |           |  |
| 7. AGE  | YEARS   | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min.                 |
|   | <u>4</u>  | <u>11</u>  | <u>15</u> |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.<br><u>Infant</u> |  |           |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br>"                       |  |           |  |
|   | 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>Marshall, Mo</u>                  |   |  |           |  |
| FATHER  | 13. NAME <u>Leonard Hatfield</u>  |  |           |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co. Kansas</u>                                   |  |           |  |
| MOTHER  | 15. MAIDEN NAME <u>Ethel B. Luby</u>  |  |           |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Missouri</u>                                   |  |           |  |
| 17. INFORMANT <u>Leonard Hatfield</u><br>(ADDRESS) <u>Marshall, Mo.</u>               |   |  |           |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>State, Mo</u> DATE <u>Nov. 19, 1936</u> |   |  |           |  |
| 19. UNDERTAKER (ADDRESS) <u>J. L. Surrain</u><br><u>Marshall, Mo.</u>                 |   |  |           |  |
| 20. FILED <u>Nov. 19, 1936</u> <u>Helena Weston</u><br><u>Deputy Registrar.</u>       |   |  |           |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 18, 1936.  
I last saw her alive on Nov 18, 1936. 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:  
Typhoid Fever (Date of onset \_\_\_\_\_)

Other contributory causes of importance:  
Pneumonia Bronchitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cultured 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) John R. Lawrence M. D.  
(Address) Marshall, Mo.

