Do not use this space.

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

File No. 44218

Registered No.

1. PLACE OF DEATH
County: Dent Ford
Township: Encrestwood
City: (No. St. Ward)
Registration District No. 231
Primary Registration District No. 5814

2. FULL NAME: Deanna Hatcher

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harrison Hatcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 25-1877

7. AGE: Years 59 | Months 10 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 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): White Co Ills.

FATHER
13. NAME: Rosse Hamlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Martha Sneed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co Mo

17. INFORMANT (ADDRESS): Harrison Hatcher Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bolinger Cemetery DATE: 12/30-1936
Dent Co Mo

19. UNDERTAKER (ADDRESS): L. J. Jones Steelville Mo

20. FILED: 1-8 1937 C. R. Ribbs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/29- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec 29, 1936
I last saw her alive on Dec 28, 1936. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza Acute
Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) R. E. Pinder, M. D.
(Address) Steelville Mo