

FEB 16 1937

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

Do not use this space.

499

## 1. PLACE OF DEATH

County Carroll Registration District No. 136 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4076 Registered No. \_\_\_\_\_  
City De Witt (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Wilson Hiatt

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hettie Harrah and Emma Simons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1848</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>8</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired doctor/physician</u>
	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) Henry County  
(STATE OR COUNTRY) Indiana13. NAME John Hiatt14. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)15. MAIDEN NAME Mary Cooper16. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)17. INFORMANT Mrs. Mary Colbert  
(ADDRESS) De Witt, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE De Witt, Mo. DATE Jan 6 193719. UNDERTAKER Willis Funder Home  
(ADDRESS) Carrollton Mo20. FILED Jan 6 1937 Bert H. Wilson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1937 to Jan 4 1937  
I last saw him alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:  
Date of onsetArterio-sclerosis

Other contributory causes of importance:  
Arterio-sclerosis dating back to Jan 6 3rd 1937.

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 no(Signed) H. A. Coult M. D.(Address) De Witt Mo

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.

V. S. NO. 19-36  
ZON. 1-19-36  
1 X 7284

