

MAR 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County BUCHANAN  
Township WASHINGTON  
City ST. JOSEPHRegistration District No. 35  
Primary Registration District No. 1001  
No. 708 WOODSON ST.File No. 5185  
Registered No. 269  
St. \_\_\_\_\_ Ward)2. FULL NAME MARY ELIZABETH HATCHER(a) Residence, No. 708 WOODSON ST. St. FIRST Ward. /  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 12 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) WIDOWED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF WALTER W. HATCHER6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 22, 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 4 6OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME  
10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK12. BIRTHPLACE (CITY OR TOWN) ANDREW COUNTY  
(STATE OR COUNTRY) MISSOURIFATHER 13. NAME JOSEPH L. KENNEDY14. BIRTHPLACE (CITY OR TOWN) MISSOURI  
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME ANNA OUSLEY16. BIRTHPLACE (CITY OR TOWN) MISSOURI  
(STATE OR COUNTRY)17. INFORMANT MRS. ALMA TIMMONS  
(ADDRESS) 708 WOODSON ST., ST. JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE FILMORE, MO. DATE MARCH 1, 193719. UNDERTAKER FLEEMAN & SON, INC.  
(ADDRESS) 1946 COLGOUN ST. ST. JOSEPH, MO.20. FILED 2/2, 1937 A. J. Northcutt  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 28, 193722. I HEREBY CERTIFY, That I attended deceased from June 19, 1934, to Feb. 28, 1937  
I last saw h. ER. alive on Feb. 27, 1937. Death is said to have occurred on the date stated above, at 5:10 A.M.

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

Date of onset  
Cardiac Valvular Disease - (mitral) ? 1932  
Other contributory causes of importance:  
Myocarditis ? 1933  
Myocardial Insufficiency 1934Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? no23. 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) E. T. Bloomer M. D.  
(Address) 1218 N. 3rd St.

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.

