MAR 17 1937

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

Do not use this space.

5371

1. PLACE OF DEATH
County Carroll — Registration District No. 135 — File No.
Township Carrollton — Primary Registration District No. 5188 — Registered No. 16
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Lynn Hatcher
(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 32 yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 18 - 1905
7. AGE: 32 YEARS — MONTHS: 0 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton Carroll County

FATHER
13. NAME: Chas Hatcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky Adair Co.

MOTHER
15. MAIDEN NAME: Minnie Sevier ~~Hatcher~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton Carroll Co

17. INFORMANT (ADDRESS): Mrs. Horace Smith Wakenda, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Trotter DATE Feb 27 1937
19. UNDERTAKER (ADDRESS): John G. Deitch Norborne Mo.
20. FILED 2/26 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1937
22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936 to 2-25, 1937
I last saw him alive on 2-25, 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Bright's Disease — Date of onset
Other contributory causes of importance:
130
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) H. B. Scovern, M. D.
(Address) Carrollton 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.

130

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1. PLACE OF DEATH
County: Carroll — Registration District No.: 135 — File No.: 5371
Township: Carrollton — Primary Registration District No.: 5-188 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: William Lyman 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
32	0	7	

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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 3/26 1937 Ruth Haskin Registrar.

SUPPLEMENTAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw him alive on 19. 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:

Acute Bright disease — Date of onset
Cause Unknown
H.B.S.

Other contributory causes of importance:

130

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) H. B. Stevens, M. D.
(Address) Carrollton Mo.

5-5371