

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe Registration District No. 582
Township Jackson Primary Registration District No. 5775
City (No.) St. Ward

File No. 7320
Registered No. 8

2. FULL NAME BESS CLARK HATLEY

(a) Residence, No. St. Ward. (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 4, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

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) MONROE Co., Mo.

13. NAME WILLIAM I. CLARK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME AMELIA ROSEWELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT J. E. HATLEY (ADDRESS) Paris, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE FEB 9 1937

19. UNDERTAKER S. 23d & Blaney (ADDRESS) Paris, Missouri

20. FILED FEB 7 1937 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 7 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1937 to Feb 7, 1937

I last saw her alive on Feb 7, 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Influenza

Name of operation Date of

What test confirmed diagnosis Clinical 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) M. C. McMurphy M. D.

(Address) Paris, Missouri

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.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

RECEIVED
JAN 10 1964
CHEMISTRY DEPARTMENT
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TO THE DIRECTOR
FROM THE DEPARTMENT OF CHEMISTRY
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CHICAGO, ILLINOIS

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

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