

MAY 21 1937

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

Do not use this space.

1. PLACE OF BIRTH

County Jasper

Registration District No. 411

File No. 16658

Township Joplin

Primary Registration District No. 3007

Registered No. 16658

City Joplin (No. St. Johns Hospital)

St. Joplin Ward St. Johns Hospital

2. FULL NAME

(a) Residence, No. Maudie Clark Hatfield St. Galeua, Kansas Ward Galeua, Kansas

(Usual place of abode) 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 Chas. E. Hatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-1898

7. AGE YEARS 39 MONTHS 10 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Und. Business
10. Date deceased last worked at this occupation (month and year) 12-4-37 11. Total time (years) spent in this occupation 12 4/5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galeua, Kan.

13. NAME Andrew Shaw

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

15. MAIDEN NAME Jane Lane

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

17. INFORMANT (ADDRESS) Husband

18. BURIAL, CREMATION, OR REMOVAL PLACE Galeua, Kan. DATE 4-18-37

19. UNDERTAKER (ADDRESS) Husbert and Co.

20. FILED 4-14-37 Ed. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-37

22. I HEREBY CERTIFY, That I attended deceased from 4-1-37 to 4-13-37

I last saw her alive on 4-13-37 Death is said to have occurred on the date stated above, at 70 m.

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

Cerebrovascular disease
Coronary artery disease
Arteriosclerosis
Myocardial infarction
Other contributory causes of importance:
Cerebrovascular disease
Coronary artery disease
Arteriosclerosis
Myocardial infarction

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) Ed. D. James, M. D.
(Address) 616 First St. Joplin, Mo.

