

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

Do not use this space.

MAY 27 1937

16836

1. PLACE OF DEATH

County Lewis
Township Highland
City Durham

Registration District No. 4785
Primary Registration District No. 4287

File No.
Registered No. 6 Ward

2. FULL NAME Dias Nelson Hadfield

(a) Residence, No. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 61 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12th, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937 to April 12th, 1937
I last saw him alive on April 10th, 1937. Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875; August 2

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 10

Cerebral Hemorrhage Date of onset 7/11

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. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durham, Mo.

13. NAME William T. Hadfield

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

15. MAIDEN NAME Sarah Rasher

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

17. INFORMANT Leshi Hadfield, Durham, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Durham, Mo. DATE April, 14, 1937

19. UNDERTAKER Thos. Bell, Caring, Mo. (ADDRESS)

20. FILED May 10, 1937 Q. R. Ball Registrar.

Name of operation Date of What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Dr. L. E. Lee, M. D. (Address) Lawrence, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Sept.

