

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 86 County Putnam Registration District No. 719 File No. 17330
 Township Calvin Primary Registration District No. 5-9-50 Registered No. _____
 City Worthington (No. _____) St. _____ Ward _____

2. FULL NAME Hiram Hatfield

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melrose Hatfield</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 - 1852</u>		
7. AGE <u>84</u>	YEARS <u>6</u>	MONTHS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Ale Hatfield</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ken</u>		
15. MAIDEN NAME <u>Rebecca Summer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lepp</u>		
17. INFORMANT (ADDRESS) <u>Doris Hatfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hatfield Burial</u> DATE <u>April 16, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Hatfield & Son</u>		
20. FILED <u>April 22, 1937</u> <u>Dr. C. Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to April 13 1937
 I last saw him alive on April 31 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver Date of onset 2 yrs ago

Other contributory causes of importance: None

Name of operation None 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? None 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None (Sign) W. H. Garrison, M. D.
 (Address) Haverhill 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.

100-100000

REPORT OF THE DIRECTOR OF THE BUREAU OF REVENUE
FOR THE YEAR 1900

1900

THE BUREAU OF REVENUE HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF THE REPORT OF THE DIRECTOR OF THE BUREAU OF REVENUE FOR THE YEAR 1900, WHICH WAS RECEIVED AT THE OFFICE OF THE DIRECTOR OF THE BUREAU OF REVENUE, WASHINGTON, D. C., ON JANUARY 1, 1901.

THE REPORT IS HEREBY REFERRED TO THE COMMISSIONERS OF THE BUREAU OF REVENUE, WHO WILL BE RESPONSIBLE FOR THE CONTENTS THEREOF.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL AT WASHINGTON, D. C., THIS 1ST DAY OF JANUARY, 1901.

W. A. RORER, DIRECTOR OF THE BUREAU OF REVENUE.

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