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

JUN 17 1937

Do not use this space.

19562

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No.
Township Washington — Primary Registration District No. 5127 — Registered No. 34
City St. Joseph (No. R.F.D. No One St. Ward)

2. FULL NAME Hattie Evaline Whitacre
(a) Residence, No. R.F.D. No One St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. E. B. Whitacre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1848

7. AGE 88 YEARS — MONTHS 6 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) 1931
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delta Ohio

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

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

17. INFORMANT (ADDRESS) Mrs Edward McBride R.F.D. No. One

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freeman Cemetery DATE May 16 1937

19. UNDERTAKER (ADDRESS) Barry Wyhl 218 So 10

20. FILED May 16, 1937 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937, to May 12, 1937
I last saw her alive on May 12, 1937 Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	1 wk. ago

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Other contributory causes of importance: fracture of Rt. Hip

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 28 1931
Where did injury occur? Home — R. 1. St. Joseph, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Pt. Slipped on a loose rug.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. F. Chiarottino, M. D.
(Address) St. Joseph, 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.