

AUG 18 1937

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

Do not use this space.

26546

1. PLACE OF DEATH

2 County Andrew
Township Worcester
City Helena (No. 1)

Registration District No. 16-
Primary Registration District No. 5020

File No. 26546
Registered No. 9
St. Mo. Ward

2. FULL NAME

Elizabeth VanHatta
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1876

7. AGE YEARS 60 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

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) Atlanta (STATE OR COUNTRY) Georgia

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Will Bell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1937

19. UNDERTAKER E. C. Pruitt (ADDRESS)

20. FILED July 8, 1937 Lora E. Frank Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937, to July 2, 1937
I last saw her alive on July 2, 1937. Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset July 3, 1937

Other contributory causes of importance:

Hypertension

Name of operation D
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? 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) James H. Nichols M. D.
(Address) Helena, 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.

THIS IS A PERMANENT RECORD

