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

Do not use this space.

29070

SEP 10 1937

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 7703

1. PLACE OF DEATH

County

Township

City Saint Louis, (No. H.G.Phillips Hospital St. Ward)

2. FULL NAME Henry Hatchet

(a) Residence, No. 2633a Adams Street St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Divorced

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Jessie Bell Hatchet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs., or min.
43	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartments

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Mississippi

FATHER

13. NAME Henry Hatchet

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

MOTHER

15. MAIDEN NAME Laura Black

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

17. INFORMANT Mrs Annie Moore
(ADDRESS) 2633a Adams Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, Miss DATE Aug 16, 1937

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED AUG 16 1937 H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2: A.M.

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

	Date of onset
Chronic Myocarditis	
Oedema of Lungs	

Other contributory causes of importance:

93C

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? ..... 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? .....

If so, specify .....

(Signed) Alfred J. Perry, M.D.

(Address) 1300 Clark Avenue

Deputy Coroner

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.