

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. _____

City St Joseph

(No. State Hospital # 2)

File No. 37127
Registered No. 1101
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Richmond Mo 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. 9 mos. 18 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) Oct 5 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1936 to Oct 5 1937

I last saw him alive on Oct 5 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1877

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

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

Date of onset _____

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

Cerebral arteriosclerosis

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Edward Hatchciss

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

MOTHER 15. MAIDEN NAME Sarah Cantrell

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond mo. DATE Oct 7 1937

19. UNDERTAKER (ADDRESS) Effman Richmond mo.

20. FILED Oct 6 1937 H. J. Nestlebus (Address) State Hospital No 2 Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical as 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) J. R. Bunch M. D.
State Hospital No 2

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.

