

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Praine
City Praine

Registration District No. 400
Primary Registration District No. 5553 B.
(No. Jackson County Home St. _____ Ward)

File No. 41508

Registered No. 196

2. FULL NAME

Hattie Hartcamp

(a) Residence, No. Jackson County Home St. _____ Ward.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-2-1878

7. AGE YEARS 59 MONTHS 1 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) (STATE OR COUNTRY) Indiana

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ernest Jackson (ADDRESS) Jackson County Home

18. BURIAL, CREMATION, OR REMOVAL Placed in cemetery DATE 11-29 1937

19. UNDERTAKER Kelly (ADDRESS) Jackson County Home

20. FILED Nov. 29, 1937 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1937, to 11-26 1937

I last saw her alive on 11-25 1937. Death is said to have occurred on the date stated above, at 6 a.m.

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

AD

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) J. W. Greene M. D.
(Address) Jackson County Home

WRITE PLAINLY, WITH UNLOADING INK---THIS IS A PERMANENT RECORD

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.

50 10-22-36 P-1 X314

