

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Madison*  
Township *Trenton*  
City *Trenton* (No. *812 E. 6th*)

Registration District No. *328*  
Primary Registration District No. *3017*

File No. *45462*

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Claude M. Hatfield*

(a) Residence No. *812 E. 6th* St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (or) WIVES *Anna M. Hatfield*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 16, 1875*

7. AGE YEARS *62* MONTHS *3* DAYS *29* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) *Trenton* (STATE OR COUNTRY) *Mo.*

13. NAME *J. R. Hatfield*

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

15. MAIDEN NAME *Francis Smith*

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

17. INFORMANT *Noel Hatfield* (ADDRESS) *Trenton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Grove Cemetery* DATE *Dec. 18* 1937

19. UNDERTAKER *Supina* (ADDRESS) *Trenton, Mo.*

20. FILED *12-16* 1937 *Drene D. Saw* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 15, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Viewed body as given* \_\_\_\_\_ 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
*Gas fumes (Cooking) probably suicide*

Other contributory causes of importance: *Had*  
*ulcers of duodenum, and was very nervous from that cause*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis: *Right lung* 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. P. [unclear] (Cowan)* M. D.

(Address) *Trenton 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.

