

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.

JAN 24 1938

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

Do not use this space.

21

46446

1. PLACE OF DEATH

County Randolph
Township Sallspring
City (No. , Ward)

Registration District No. 733
Primary Registration District No. 5967

File No. 46446
Registered No. _____

2. FULL NAME

Oliver Samuel Hatler

(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1882

7. AGE YEARS 55 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Chautauq Co Mo.

13. NAME Everett Hatler

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

15. MAIDEN NAME Janniss Wengert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chautauq Co Mo.

17. INFORMANT (ADDRESS) Mrs. Maud Hatler
Huntsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Dec 23, 1937

19. UNDERTAKER (ADDRESS) Tom B. Patton
Huntsville Mo.

20. FILED Jan 10, 1938 Mrs. A. Barnhart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1937

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

I last saw him alive on Base, 19____. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Gunshot wound in left chest just above heart.

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 12-20-1937

Where did injury occur? Huntsville, Randolph Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury either accident or suicide
Nature of injury gunshot wound in left chest

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) D. W. Shrader, Coroner, M. D.
(Address) Huntsville, Mo.

