

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.

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1007
City Kansas City, Mo. L.B. Hospital St. 1350 (Ward)

2. FULL NAME Mable Hatten
(a) Residence, No. 1907 E 11th 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.

File No. 5842
Registered No. 908

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1899 7 6 30 4

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

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

10. Date deceased last worked at this occupation (month and year) 1 1/2 yrs. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tex

13. NAME Sutton Alex

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

15. MAIDEN NAME Harris Mary

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

17. INFORMANT K C T B Hospital
(ADDRESS) West Lawn

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Lawn DATE 3-2-1938

19. UNDERTAKER Mrs. Alice Bailey
(ADDRESS) 1304 77th St. N. W. Kansas City, Mo.

20. FILED 27 25 1938 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1937 to Feb. 23 1938
I last saw h. & r. alive on Feb. 23 1938 Death is said to have occurred on the date stated above, at 12:30 m.

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

Pulmonary tuberculosis

23. Other contributory causes of importance: 23

Name of operation none 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 [Signature] M. D.
(Address) Kansas City, Mo.

