

WED AUG 10 1938

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

Do not use this space.

24639

1. PLACE OF DEATH

County Barton
Township
City Lamar (No.)

Registration District No. 40
Primary Registration District No. 4024

File No.
Registered No. 32
St. Ward)

2. FULL NAME Bert, M. Hatten

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 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 Male 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 Alma Hatten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20th, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Sheldon, MO.

FATHER
13. NAME Oliver Hatten

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

MOTHER
15. MAIDEN NAME Anna (unknown)

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

17. INFORMANT Mrs Bert Hatten (ADDRESS) Lamar, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. Kansas City, MO. DATE 7-22 1938

19. UNDERTAKER River Funeral Home (ADDRESS) Lamar, MO.

20. FILED 7-22 1938 Mrs Josephine Furnatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to July 20, 1938
I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 3:10 A.M.
The principal cause of death and related causes of importance were as follows:

Rt. Sided Heart Failure Date of onset July 19th
Hypertension of Rt. Ventricle with dilatation to lungs. May 30

Other contributory causes of importance: GI

Name of operation clinical Date of
What test confirmed diagnosis X-ray 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) Bern T. Bushel, M. D.
(Address) Lamar, 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.

