

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.

JUN 23 1936

20191

1. PLACE OF DEATH

County *Montgomery*Registration District No. *571*Township *Walser*Primary Registration District No. *5709*City *Alfred Hatfield* (No. *41*)St. *California* Ward

2. FULL NAME

(a) Residence, No. *Alfred Hatfield*St. *41*

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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

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

Feb 14-1876

7. AGE

YEARS

60

MONTHS

3

DAYS

17

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

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)

Ind

FATHER

13. NAME

Daniel Hatfield

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

Don't know

MOTHER

15. MAIDEN NAME

Anna Jorst

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

Don't know

17. INFORMANT (ADDRESS)

Anna Williams California, mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alfred Green

DATE

6/1/36

19. UNDERTAKER (ADDRESS)

Williams & Friedman California, mo

20. FILED

5-31-36 H.R. Poppey

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 31 1936

22. I HEREBY CERTIFY, that I attended deceased from

*May 29 1936*to *May 31 1936*I last saw him alive on *May 31 1936* Death is saidto have occurred on the date stated above, at *11 p.m.*

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

*Myocardial Stenosis
Chronic nephritis
Dropsey*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

H. R. Poppey D.D.(Address) *California, Mo.*

