

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

Do not use this space.

JAN 18 1938

File No. **45490**

1. PLACE OF DEATH

County Hannay Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Loren Edgar Hatfield
(a) Residence, No. 312 No 13th St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1898
7. AGE YEARS 39 MONTHS 3 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wich Mo

13. NAME Robert Hatfield

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

15. MAIDEN NAME Nancy Clark

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

17. INFORMANT Ethel Hatfield
(ADDRESS) Clinton Mo.

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

19. UNDERTAKER Spore and Son
(ADDRESS) Clinton Mo.

20. FILED Jan 21 1938 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1937, to 12-22 1937

I last saw him alive on 12-22 1937 Death is said to have occurred on the date stated above, at 11 P. m.

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

Lobar Pneumonia Date of onset 12/14/37

Other contributory causes of importance: IOS

Name of operation _____ Date of _____

What test confirmed diagnosis Chin. cas 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 _____, 1937

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) E. C. Pector, M. D.

(Address) Clinton Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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