

MAY 8 9 1928

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

Do not use this space.

16411

File No. 1097
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 3009
City Cape Girardeau

2. FULL NAME

James Albert Hattkin
(a) Residence, No. R. S. D. # 1 St. _____ Ward. _____
(Usual place of abode)

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 (OR) WIFE OF Nancy Hattkin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Hullion Hattkin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Elyza Ecken

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Not known

14. INFORMANT Elmer Hattkin
(Address) Cape Girardeau, Mo.

15. FILED 574 1928 W. K. Knepper REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 23rd, 1928, to May 4th, 1928, that I last saw him alive on May 3rd, 1928, and that death occurred, on the date stated above, at 4:22 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
Hypostatic pneumonia

CONTRIBUTORY Intercapsular fracture of right femur
(SECONDARY) (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Nelly's Landing, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & other findings
(Signed) G. B. Schult M. D.

5/4/1928 (Address) Cape Girardeau, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Nelly's Landing, Mo. May 6 1928

20. UNDERTAKER ADDRESS

Al. Bruntoff 536 Broadway

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.

