1928

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.

19859

1. PLACE OF DEATH
County Bates — Registration District No. 58 — File No.
Township Pleasant Cap — Primary Registration District No. 5092 — Registered No. 12
City (No. St. Ward)

2. FULL NAME Hazel B. Naxus
(a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Gordon Naxus

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-21-1907

7. AGE: Years 20 — Months 9 — Days 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vernon Co.

PARENTS
10. NAME OF FATHER: Charley Walters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bates Co.
12. MAIDEN NAME OF MOTHER: Virginia Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Gordon Naxus
(Address) Rich Hill Mo

15. FILED July 6, 1928 E J Cumpton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1928

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to June 30, 1928 that I last saw her alive on June 30, 1928, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Eclampsia
Following delivery
146
150A (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Albuminuria
(duration) yrs. mos. ds.

148

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H W Finley, M. D
, 19 (Address) Rich Hill 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: Double Branches — DATE OF BURIAL: July 1 1928

20. UNDERTAKER: Pond & Riarley — ADDRESS: Rich Hill