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

Do not use this space.

30651

File No. 3902

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No.
Primary Registration District No.
(No. Vineyard Park Hospital St. Ward)

2. FULL NAME Raymond Edward Hazen
(a) Residence. No. 1701 E 8th St., 9 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27-18

7. AGE: 8 YEARS | MONTHS: 9 | DAYS: 26 | If LESS than 1 day, ... hrs. or ..... min.

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

210 M

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Raymond E Hazen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Opal Gilfert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Missouri

14. INFORMANT Raymond E. Hazen
(Address) 1701 E. 8th St.

15. FILED 9/24 1928 M M. Crowe
Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Automobile
Traumatism - Multiple
Injuries
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Jackson County
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection & history
(Signed) Henry Carbaugh M.D
9/23, 1928 (Address) Deputy Coroner

*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: Forest Hill
DATE OF BURIAL: 9/25/ 1928

20. UNDERTAKER: Freeman Mortuary
ADDRESS: 104 W. 42nd St.

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.