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

Do not use this space.

36865

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: [illegible]

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: [illegible]

City: K.C. Mo. (No. 1020-E-9th Str. St. Ward)

2. FULL NAME Orlie Vernon Hazelwood

(a) Residence. No. 1020 E-9th St. St., 1 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-26-1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
20	11	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Invalid 57A 71

(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) Mo.

PARENTS

10. NAME OF FATHER Nathan Hazelwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Marie Cunningham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Glenn David Hazelwood (Address) Tekama, Nebraska

15. FILED 11/8, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-6th, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1928 to Nov 6, 1928 that I last saw him alive on Nov 6, 1928, and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Secondary Anemia and General Debility (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Arthritis Deformans (duration) 6 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 52A

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) P. E. Williams, M.D.

11-7, 1928 (Address) Supt K.C. Girl Hosp.

*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: Nov-8-28

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

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.

SEP 20 1955