

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

Do not use this space.

34217

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrensburg Primary Registration District No. 3023
City Warrensburg, (No.) St. Ward)

2. FULL NAME Hazel Dernetta Symington,

(a) Residence. No. Water Street, St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 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 Robert Symington,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 2, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>29</u>	<u>3</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Warrensburg,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Charles W Crooks

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

12. MAIDEN NAME OF MOTHER I'da Williams

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

14. INFORMANT Mrs Charles W Crooks
(Address) Warrensburg

15. FILED Oct 23 1929 J. M. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1929, to Oct 13th, 1929 that I last saw him alive on Oct 13th, 1929, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis (acute)
23H
11A About nine months (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Few a few months before on 11th of 9th B. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO. DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS (Signed) John T Anderson, M. D.
19 (Address) Warrensburg 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 Max Sunset Hill Cem, DATE OF BURIAL Oct 15 19 29

20. UNDERTAKER S. R. Sweeney, Warrensburg, ADDRESS

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.

V 6 1929
5
7
4

23

1
2

