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

Do not use this space.

25616

File No.
Registered No.

1. PLACE OF DEATH
County: Stoddard
Township: Castor
City: (No. , St. Ward)

Registration District No. 87
Primary Registration District No. 6099

2. FULL NAME: Hazel Daisy Nettkum

(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: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

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

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

7. AGE: YEARS | MONTHS: 5 | DAYS | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Bloomfield
(STATE OR COUNTRY): County Poor House

PARENTS
10. NAME OF FATHER: Nett Kuwum
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Nett Kuwum
12. MAIDEN NAME OF MOTHER: Hazel Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dutkin
(STATE OR COUNTRY)

14. INFORMANT: Aby Morrey
(Address): Bloomfield Mo

15. Aug 10, 1930 Geo. E. Ford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from No. Since Born to Inclusive, 1930, that I last saw h. — alive on 1, 19, and that death occurred, on the date stated above, at 1 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

157 D

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. A. Barnes, M. D.
, 19 (Address) Bloomfield 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: Co. Home
DATE OF BURIAL: 7-13 1930

20. UNDERTAKER: C. O. Biggs
ADDRESS: Dexter 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.

WRITE PLAINLY WITH INDELIBLE INK. THIS IS A PERMANENT RECORD.