

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

Do not use this space.

36571

1. PLACE OF DEATH

County Scott
Township Richland
City Sikeston (No., St. Ward)

Registration District No. 87
Primary Registration District No. 6070

File No. 111
Registered No.

2. FULL NAME

Helen Ruth Hazel

(a) Residence, No. St. Ward. Vanduser Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18-1930

7. AGE YEARS 0 MONTHS 10 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME Ben Hazel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Ill

MOTHER 15. MAIDEN NAME Emma Blanch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT P. H. Stevenson (ADDRESS) Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE Oct. 8th 1931

19. UNDERTAKER John Albritton (ADDRESS) Sikeston, Mo.

20. FILED 5/5/31 J. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 - 1931 to Oct 7 1931
I last saw him alive on Oct 7 - 1931. Death is said

to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Enteric Colitis

119B 119

Other contributory causes of importance: man

Date of onset

Name of operation Date of
What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. H. ... M. D.
(Address) Sikeston 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.

DEC 26 1931

