

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

Do not use this space.

4753  
613

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kearney Primary Registration District No. \_\_\_\_\_  
 City Kearney City (No. Kearney City General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lee Hazel 19  
 (a) Residence, No. 1406 Blountaine St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 6 yrs. \_\_\_\_ mos. \_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-25-1903</u>		
7. AGE <u>26</u>	YEARS <u>4</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
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) <u>Museum</u>
13. NAME <u>George Benton</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Museum</u>
15. MAIDEN NAME <u>Addie Harrison</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Museum</u>

17. INFORMANT (ADDRESS) <u>Record Dept, Kearney City General Hospital</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adaway</u> No. _____ DATE <u>Feb 16</u> 19 <u>32</u>
19. UNDERTAKER (ADDRESS) <u>Peter B Lapinski, R. C. Webb</u>
20. FILED <u>7/15</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>asst Registrar.</u>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-25- 1932, to 2-14- 1932  
 I last saw her alive on 2-14- 1932 Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

Ulcerative Colitis Date of onset \_\_\_\_\_  
Extreme emaciation  
 Other contributory causes of importance: J. A. O.  
①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) P. E. Williams M. D.  
 (Address) Sup. K. C. Genl Hospital

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 V. No. 2.

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.

