

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

M. H. Hill
Do not use this space.
30019

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 30324
 City Sedalia (No. 223 & Christ) St. _____ Ward _____
 2. FULL NAME Hazel M^{rs} Clair
 (a) Residence, No. Beaman 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 Female 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 D. W. M^r Clair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>39</u>	<u>3</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) mo 1

MOTHER / FATHER

13. NAME A. R. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2

15. MAIDEN NAME Clara Luss

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

17. INFORMANT Iris Baker (ADDRESS) Beaman no

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salem DATE 9/8 1932

19. UNDERTAKER (ADDRESS) Edlespie Fun Home

20. FILED 9-8 1932 J. F. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932, to Sept 6 1932
 I last saw h. alive on Sept 6 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
circumstances of liver (alcoholic)
12th 1024 B
 Other contributory causes of importance: none

Name of operation organ in abdomen Date of _____
 What test confirmed diagnosis? 2 p. h. m. 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? no (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? no
 If so, specify _____
 (Signed) Chas. W. Hill, M. D.
 (Address) Sedalia Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 28 1932

