

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

Do not use this space.

10424

1. PLACE OF DEATH

70 County Montgomery
Township Montgomery
City Near Shell Mo (No. 5910)

Registration District No. 592
Primary Registration District No. 2750

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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.

Martha Ellen Hazleton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Hazleton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 14 1899</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>New Cincinnati Ohio</u>		
13. NAME <u>John S. Barr</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Naomi Davidson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Mrs. H. Lepton</u> (ADDRESS) <u>Shell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>FAIR Mount Pleasant</u> DATE <u>7-7-33</u>		
19. UNDERTAKER <u>Grace Bonthead</u> (ADDRESS) <u>Bowling Green Mo</u>		
20. FILED <u>March 10, 1933</u> <u>V. J. Keulley</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933 to March 6, 1933

I last saw h^er alive on March 3, 1933 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:

Carcinoma of the liver Date of onset 6 mo

466

466

Other contributory causes of importance:
Anaemia

Name of operation None Date of _____

What test confirmed diagnosis? Phys. Ex. 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) Bulle Meeker M. D.
(Address) Montgomery City 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.

