

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

Do not use this space.

1. PLACE OF DEATH

56 County Lewis Registration District No. 477
1 Township Canon Primary Registration District No. 4286
2 City Canon, Mo. (No. _____ St. _____ Ward)

File No. **20263**

Registered No. 31

2. FULL NAME

Hazel Fay Stein
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen Stein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 19

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.
10. Date deceased last worked at this occupation (month and year) 1 day 11. Total time (years) spent in this occupation.

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

MOTHER FATHER
13. NAME Samuel Waters 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross, Leland County Ill.
15. MAIDEN NAME Lucy Ingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bronckia Iowa

17. INFORMANT Allen Stein - Husband (ADDRESS) Canon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE June 19, 1933

19. UNDERTAKER F. D. Kelly (ADDRESS) Canon, Mo.

20. FILED June 19, 1933 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933, to June 16, 1933.
I last saw her alive on June 9, 1933. Death is said to have occurred on the date stated above, at 11:30 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 4/16/33
82R
143B 82A
Other contributory causes of importance:
Pregnancy

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no
If so, specify _____
(Signed) Des Paul's Left Pastor D.O.
(Address) Canon Mo. M.D.

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.

JUL 21 1933

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