

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

Dr: *n*
Do not use this space.
20623 *h*
F
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF BIRTH

County *Dempsey* Registration District No. *655*
Township *Virginia* Primary Registration District No. *5877*
City *Denton* (No. _____)

2. FULL NAME *Hazel Jean Denton*

(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 *F* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *child*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-11-1932*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 21

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) *Denton Mo*

13. NAME *A. B. Denton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Denton Mo*

15. MAIDEN NAME *Donie Powers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bee Bee Ark*

17. INFORMANT (ADDRESS) *A. B. Denton Still one R. 1.*

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE *6-4* 1933

19. UNDERTAKER (ADDRESS) *Garrison Smith & Co. Still one Mo*

20. FILED *7/1* 1933 *Max P. Kelley* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-3* 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

Calitis
119 B
114 B
val
Date of onset _____
Other contributory causes of importance: _____

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) *J. P. Vickery* _____, M. D.
(Address) *Still one 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.

NOV 10 1933

