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 20 1933

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

ISOLATION HOSPITAL

Do not use this space.

27669

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 7541

2. FULL NAME Hazel Massey

(a) Residence, No. 1423 Pendleton 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF Seperated.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	2	13	

OCCUPATION

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

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) St Louis Missouri

FATHER

13. NAME Albert Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER

15. MAIDEN NAME Julia Echles

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

17. INFORMANT (ADDRESS) Leona Burns 5600 arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters Cem DATE Sept 2, 1933

19. UNDERTAKER (ADDRESS) W S Wade Med Co 4202 Finney Ave.

20. FILED SEP -1 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to Aug. 29, 1933

I last saw her alive on Aug. 28, 1933. Death is said to have occurred on the date stated above, at 12:55 A.m.

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

	Date of onset
Tuberculosis of Lungs	Feb. 1933
23A	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Sputum 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) Henry J Ulrich, M. D.

(Address) ISOLATION HOSPITAL