

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.

NOV 10 1933

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

Do not use this space.

32419

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
Township Boyer Primary Registration District No. 3009
City Cape Girardeau, Mo. (No. Southeast Mo. Hospital)

File No. 22
Registered No. 248
St. XXX Ward

2. FULL NAME Paul Allen Hazel

(a) Residence, No. Sekeston Mo. St., Sekeston Mo Ward, Sekeston Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? 27 yrs. 10 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Lillian Hazel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1907
7. AGE YEARS 25 MONTHS 8 DAYS 24 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Sekeston Mo.

13. NAME Mr Charlie Hazel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Folk County Illinois

15. MAIDEN NAME Mrs Jane Hazel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Folk County Illinois

17. INFORMANT (ADDRESS) Mrs Pearl Hazel 206 South Broadway Sekeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sekeston Mo DATE Oct 21 1933

19. UNDERTAKER (ADDRESS) Welsh Undertaking Co. Sekeston Mo.

20. FILED 10/21 1933 W. K. Kumpfer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/19 1933 to 10/19 1933

I last saw him alive on 10/19 1933. Death is said to have occurred on the date stated above, at 5:25 P.M.

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

Significant points of history
due to urinary obstruction
Wasserman +

Other contributory causes of importance: 34
Obstruction caused by
the long of ureters, cause
not known

Name of operation Prostatectomy Date of 10/14/33

What test confirmed diagnosis? Not 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? No
If so, specify _____

(Signed) P. J. Lebaugh M. D.
(Address) Cape Girardeau Mo

