

MAY 19 1936

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

Do not use this space.

14617

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME Dale S. Hazell

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Ira Hazell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15th 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
31 9 7

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) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Boonville, Cooper Co., Mo.

13. NAME J. B. Hazell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Belle Pulley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Speed Cooper Co., Mo.17. INFORMANT Mrs. Ira Hazell
(ADDRESS) 201-1st St., Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant Hill DATE April 17th 1936
Cooper Co., Mo.

19. UNDERTAKER Schuyler Stegner
(ADDRESS) Boonville, Mo.20. FILED April 18 1936 D. S. Cooper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Apr 17 1936I last saw him alive on Apr 14 1936 Death is saidto have occurred on the date stated above, at 9 a.m.

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

Chronic Parosyphusis
respiratoris

Other contributory causes of importance:

Cardio-vascular diseaseName of operation NONE Date of _____What test confirmed diagnosis? CLINICAL Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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 _____

24 (Signed) D. S. Cooper, M. D.(Address) Boonville, 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.

