

APR 8 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township WestPrimary Registration District No. 1002City A. B. Mo. (No. 5212)LyonFile No. 9382Registered No. 1098

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Hazel Vassar(a) Residence, No. 5212 Lyon 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 Fe4. COLOR OR RACE wh5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-1893

7. AGE

YEARS 43MONTHS 5DAYS 28

If LESS than 1 day, ..... hrs. or ..... min.

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

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) Mo13. NAME Andrew Vassar14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Via15. MAIDEN NAME Archie Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) John Vassar18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood DATE 3-3-3719. UNDERTAKER (ADDRESS) Mrs C. L. Forster20. FILED 3/2 1937 M. M. Cronin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1- 193722. I HEREBY CERTIFY, That I attended deceased from Aug 3 1936, to Mar 1 1937I last saw her alive on Feb 27 1937. Death is saidto have occurred on the date stated above, at 1572m. The principal cause of death and related causes of importance were as follows:Carcinoma of Cecum & ascending colon

Date of onset

About4/1/37Primary CecumOther contributory causes of importance: 40Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physical Exam 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) [Signature], M. D.(Address) 1303 Waldheim Bldg.

Waldham way.

Ni-7755

afternoon