APR 9 1937

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

Do not use this space.

File No. 10029
Registered No. 2590

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. City Hospital No. 1 St. ..... Ward)

B. 17159

2. FULL NAME Hazel Raymond

(a) Residence, No. 2214 Delmar Boulevard St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Raymond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	37	4	10	

OCCUPATION

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

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) Richwood, Missouri

FATHER

13. NAME John Hyde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Missouri

MOTHER

15. MAIDEN NAME Anna Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Missouri

17. INFORMANT (ADDRESS) Hosp. Info. H.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River, Mo. DATE March 7th, 19 37

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED MAR 5 1937 J. W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/337, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37, 19 to 3/4/37, 19
I last saw her alive on 3/4/37, 19 Death is said to have occurred on the date stated above, at 12.24p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (R.U.L.)	
Pulmonary Tuberculosis ??	

Other contributory causes of importance: Syphilis

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?
If so, specify

(Signed) Roy Greenbaum, M. D.
(Address) City Hospital no. 1

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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