

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 26 File No. 15581
Township Salisbury Primary Registration District No. 3002 Registered No. 52
City Mexico Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Hazel Sweezer
(a) Residence, No. 314 E. Liberty St. 4 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 Female 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 Clara Sweezer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 25

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

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) Elliot (STATE OR COUNTRY) Mo.

13. NAME James Lewis

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

15. MAIDEN NAME Lina Baker

16. BIRTHPLACE (CITY OR TOWN) College Mound (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Bertha Davidson (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway Mo. DATE April 4 37

19. UNDERTAKER H. A. Paine & Son (ADDRESS) Mexico Mo.

20. FILED April 3 1937 Blanche Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26 1937 to April 2 1937.

I last saw her alive on April 2 1937. Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Bilateral lower lobar pneumonia Date of onset 3/27/37

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Karl E. Maneval, M. D.

(Address) Mexico, Missouri

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.

