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.

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

Do not use this space.

53 2/1

1. PLACE OF DEATH
County: Laclede — Registration District No. 449
Township: Lebanon — Primary Registration District No. 5609
City ..... (No. ..... St. ..... Ward)

File No. 3229
Registered No. .....

2. FULL NAME Hazel Renee Stewart 363
(a) Residence, No. ..... Grove Springs St., ... Ward. Grove Springs, 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. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1936

7. AGE: Years 1 — Months 1 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Grove Springs Mo

FATHER
13. NAME E. H. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grove Springs Mo

MOTHER
15. MAIDEN NAME Beaulah Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Competition Mo

17. INFORMANT (ADDRESS) E. H. Stewart Grove Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Competition Mo DATE Jan 7 1938

19. UNDERTAKER (ADDRESS) E. H. Stewart Lebanon Mo

20. FILED 1-6-38 J. A. McCourt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937 to 1/6, 1938
I last saw him alive on 1/5, 1938. Death is said to have occurred on the date stated above, at 5-56 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess.	1/4/38.
Strep o coccic Meningitis	12/29/38

Other contributory causes of importance:

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) Paul A. Hendricks, M. D.
(Address) 404 Lebanon, Mo

RECEIVED
FEB 25 1938
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MO. STATE BOARD OF HEALTH