

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

Do not use this space.

REV. MAR 14 1938

27

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 5546 Olive)

File No. 5475
 Registered No. 541
 St. _____ Ward _____

2. FULL NAME Arthur J. Hazlett 243

(a) Residence, No. 5546 Olive St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 35 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara E. Hazlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 26

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

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) Buffalo Mo.

13. NAME James S. Hazlett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greencastle Ind.

15. MAIDEN NAME Tinsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT James A. Hazlett
 (ADDRESS) 5546 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb. 2, 1938

19. UNDERTAKER D.W. Newcomer's Sons
 (ADDRESS)

20. FILED 2/2 1938 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1935, to Jan 31, 1938

I last saw him alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Lobar Pneumonia (lower left lobe) Date of onset

108
 Other contributory causes of importance: Chr. Arthritic Deformans

Name of operation _____ Date of _____
 What test confirmed diagnosis Phy. Ex. 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? no

If so, specify George C. Lee M. D.
 (Signed) _____

(Address) 730 Professional Bldg A.C. No. 1

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 1 2031A

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Dr. George W. C. C. C.
Prof. C. C. C.