

LEGO MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County St Charles

Registration District No. 757

File No. 8010

Township St Charles

Primary Registration District No. 3036

Registered No. 33

City St Charles (No. Cunningham St. Ward)

2. FULL NAME Richard Burton Hazzell

(a) Residence, No. Cunningham St. Ward

(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 Male 4. COLOR OR RACE White 5. 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) July 11-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 7 13

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

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) Quadrant Co Missouri

FATHER 13. NAME James Hazzell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co

MOTHER 15. MAIDEN NAME Harvey Hubbinas Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co

17. INFORMANT (ADDRESS) James R Hazzell

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Feb 28 1938

19. UNDERTAKER (ADDRESS) Cunningham & Myer

20. FILED 2/26/38 19 Clarence S. Hesser Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24<sup>th</sup> 1938

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ Held Inquest, 19--7 to 2-26-38, 1938

I last saw him alive on 9 P.m., 1938. Death is said to have occurred on the date stated above, at 9 P.m.

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

Acute congestive heart failure. Date of onset

Other contributory causes of importance: cirrhosis of liver.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? YES

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 4

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John B. Bissel (Address) Corner St. Charles. Co. Mo.

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.

