

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. 14143
Registered No. 80
St. _____ Ward _____

2. FULL NAME Darrel Cleatus Hazlip

(a) Residence, No. _____ St. _____ Ward. Essex, Missouri
(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 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) Sept. 22, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 years 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck
10. Date deceased last worked at this occupation (month and year) April 5, 1938 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weiner, Arkansas

13. NAME Jesse Edmond Hazlip

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffington, Mo

15. MAIDEN NAME Mary Angeline Trotter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex, Mo

17. INFORMANT (ADDRESS) Jesse E. Hazlip

18. BURIAL, CREMATION, OR REMOVAL PLACE Essex Cemetery DATE 4/18/38

19. UNDERTAKER (ADDRESS) Blankinship, Strickland

20. FILED 4/18 1938 Clustering Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1938, to Apr. 15, 1938

I last saw him alive on Apr. 15, 1938. Death is said

to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Basal skull fracture 4/15/38
210'
Other contributory causes of importance:
Fall from moving truck 4/15/38

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? accident Date of injury 4/15, 1938
Where did injury occur? near warehouse, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury fall from moving truck
Nature of injury Basal Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify St. J. Brandon M. D.
(Signed) St. J. Brandon
(Address) Poplar Bluff, Mo.

