

SEP 23 1938

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

2916 B
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3029 Registered No. _____
 (c) City Carthage (d) Street No. M. Cum - Brown's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hazel Lorraine Lile

(a) Residence, No. 1531 Grand St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to Aug 17, 1938.
 I last saw her alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 2:15 P.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24-1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 11 24

Cerebral embolism
 Date of onset _____
HA

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
pernicious vomiting & frequent abortion - spontaneous curettage
 Name of operation Curettage Date of 8/15/38
 What test confirmed diagnosis? Lab Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

FATHER 13. NAME Forest Haze
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence co. Mo.

MOTHER 15. MAIDEN NAME Goldie Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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.

17. INFORMANT (ADDRESS) Gretchen Lile Carthage Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Nudman DATE 8-19, 1938

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. Blunt, M. D.
 (Address) Carthage Mo.

19. FUNERAL DIRECTOR (ADDRESS) Werner Carthage Mo.

20. FILED Aug 19, 1938 E. J. McIntire, M.D. Local Registrar.

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.

49
5
2

RECEIVED

District Health Officer No. 6,

District File Number 6-38-15

Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, Edle..., Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edle...

Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)