

REC FEB 15 1940

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

1666
Do not use this space.

1. PLACE OF DEATH
(a) County Dwayne Registration District No. 75
(b) Township Hershel Primary Registration District No. 5114 Registered No. _____
(c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN M. HAZARD
(a) Residence, No. Boone County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county for city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hazard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri
13. NAME Henry W. Hazard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Mary (Smith)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Mrs. Jennie W. Hazard Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dethlefsen DATE Jan 7, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Dyson Columbia, Mo
20. FILED Jan 5, 1940 Mrs. A. Sullet Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1940
22. I HEREBY CERTIFY, That I attended deceased from 12-28-1939 to 1-5-1940
I last saw him alive on 1-4-1940. Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset 12-25-39
Other contributory causes of importance: Wernic's sclerosis Do not know
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No
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? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. D. Dyson, M. D.
(Address) Columbia Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. D. Whitman
Licensed Embalmer No. 3893
P. O. Address Calumet

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.)

If this body is not embalmed, above space should be left blank.