FILED MAR 1 - 1949

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

Do not use this space.

7272

1. PLACE OF DEATH

County McDonald 2 Registration District No. 315

Township Prairie Primary Registration District No. 5687

File No.

Registered No.

~~City Southwest City Mo~~ No. 241 ROUTE #I , St. Ward)

2. FULL NAME NOAH HAZELBAKER

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gelia Selby Hazelbaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29th 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	7	15	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) (7 months) Oct 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Henry Hazelbaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Lucinda Ferguson

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

17. INFORMANT (ADDRESS) Ralph Hazelbaker Southwest City Mo R#I

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wann Cemetery DATE April 16th 1938

19. UNDERTAKER (ADDRESS) T.H.Haywood Gravette, Arkansas 4/16

20. FILED 4/16th 1938 John J. Nicholas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1938 to April 14th 1938

I last saw him alive on March 14th 1938. Death is said to have occurred on the date stated above, at 8.35 P.M.

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

	Date of onset
Chronic Cholicystitis	
Cholangitis	
Exhaustion	

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Other contributory causes of importance:

March

Name of operation Cholicytotomy Date of 3-4-38

What test confirmed diagnosis? Was there an autopsy? No

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?

If so, specify

(Signed) James B Farrough, M. D.

(Address) Vinita Oklahoma

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.

100M-3-28-35