

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

Do not use this space.

32351

**1. PLACE OF DEATH**

County

*Butler*

Registration District No.

*92*

Township

*Gillis Bluff*

Primary Registration District No.

*5137*

City

(No. ....)

File No. ....

Registered No. ....

St. ....

Ward) ....

**2. FULL NAME**

*JAMES OSCAR BAZZELL*

(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 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)

*---*

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

*---*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*12-22-1929*

7. AGE

YEARS

*3*

MONTHS

*8*

DAYS

*4*

If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

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

*---*

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)

*MO*

FATHER

13. NAME

*Ed Bassell Bazzell*

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

*MO*

MOTHER

15. MAIDEN NAME

*Evva Alberta Strawn*

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

*MO*

17. INFORMANT (ADDRESS)

*Charles Bazzell  
Bazzell - 19 MO*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Wicks Cemetery*

DATE

*10-27-33*

19. UNDERTAKER (ADDRESS)

*Harold Wicks  
Bazzell - 19 MO*

20. FILED

*11-10-1933*

*Joett Cook*

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

*001-26* , 19*33*

22. I HEREBY CERTIFY, That I attended deceased from

*001-26* , 19*33* to *001-26* , 19*33*

I last saw him alive on *001-26* , 19*33* Death is said

to have occurred on the date stated above, at ..... m.

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

*Flu epidemia*

Date of onset

*10-16-33*

Other contributory causes of importance:

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? ..... 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? *Y*

If so, specify

(Signed)

*Dr. Charles Bazzell* , M. D.

(Address)

*Bazzell 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.

NOV 10 1933

