

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.

MAR 1 - 1948

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

Do not use this space.

7264

1. PLACE OF DEATH

County McDonald  
Township Prairie  
City Southwest City Mo. R#1

Registration District No. 315  
Primary Registration District No. 5687

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Hazel Fern Teel

(a) Residence, No. ..... St., ..... Ward. (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 Female 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 Clayburn J Teel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4th 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 5

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

13. NAME H Saffel

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

15. MAIDEN NAME Flora Tee

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

17. INFORMANT C. J. Teel  
(ADDRESS) Southwest City Mo R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Southwest City Mo. Aug 10th 1939

19. UNDERTAKER Lugenbuel Funeral Home 462  
(ADDRESS) Grove, Oklahoma

20. FILED 8/10/39 J. J. Nichols

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1939, to Aug 5th 1939, 1939

I last saw h. or alive on Aug 5th 1939. Death is said to have occurred on the date stated above, at 6:35 A.M.

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

Carcinoma ✓

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?  
If so, specify .....

(Signed) R. W. Warwick, M. D.  
(Address) By R. Young R.N.

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Г. П. ЗИ МОН  
АРХИВЪ СОВЕТЪ-МИН

ИЖ-ЛЕНИНЪ ВЪ БЕРЛИНѢ



S-7264

Amv.