

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

PLACE OF DEATH

County Johnson  
Township or Village of Jefferson  
City (NO. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 14

File No. 14766

Primary Registration District No. 5587

Registered No. 6

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME (instead of street and number))

FULL NAME Leslie Roy Hawk

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
DATE OF BIRTH May 6, 1896  
(Month) (Day) (Year)  
AGE 14 yrs. 11 mos. 17 ds. IF LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.?

DATE OF DEATH April 18, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 6 P.M. April 17, 1911, to 3:00 P.M. - 4/18, 1911, that I last saw him alive on April 18, 1911, and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH\* was as follows:

Internal injuries sustained by kick of a mule.  
188 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 20 hours

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. D. Mesnick M. D. April 18, 1911 (Address) Green Ridge Mo

\*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

OCCUPATION (a) Trade, profession, or particular kind of work Farm Boy  
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Johnson Co Mo

PARENTS NAME OF FATHER J. B. C. Hawk  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Johnson Co Mo  
MAIDEN NAME OF MOTHER Leah M. E. Wright  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cooper Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hawk  
(ADDRESS) Green Ridge Mo R # 3

Filed April 18 1911 J. D. Mesnick REGISTRAR

PLACE OF BURIAL OR REMOVAL Highpoint Church DATE OF BURIAL April 19 1911  
UNDERTAKER Chas A Carter ADDRESS Morris

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.

