

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.

JUN 24 1927

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

Do not use this space.

14198

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No.) St. (Ward)

2. FULL NAME Jerry K. Hawkins
 (a) Residence. No. 415 Alabama St. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 483

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 8 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Gaylord Hawkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Susan G. Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Mo.

14. INFORMANT Gaylord Hawkins
 (Address) 415 Alabama St.

15. FILED 6 1927
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5, 1927

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1927, to May 5, 1927, and that I last saw him alive on May 5, 1927, and that death occurred, on the date stated above, at 9:55 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
15 3/4
15 3/4 Myocardium
Artificial feeding
(Mellon's food) (duration) 8 yrs. 39 mo. 39 da.
 CONTRIBUTORY Pimples (SECONDARY) (duration) yrs. mo. da.

18. WHERE WAS DISEASE CONTRACTED 1600
 IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 1

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) H. A. Robertson, M. D.
May 5, 1927 (Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gerogetown I.O.O.F. Cem. DATE OF BURIAL May 6, 1927

20. UNDERTAKER Fred J. Clark ADDRESS 5025 King Hill Av

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