

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

Do not use this space.

15064

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Keosauqua Primary Registration District No. 1002
 City Keosauqua, Mo. (No. Old City Hosp) File No. _____
 Registered No. 1931 St. _____ Ward _____

2. FULL NAME

Hamilton Douglas J.
 (a) Residence No. 619 Locust 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 W. sp. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72

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

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Dick Hawkins
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Key.
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Key.

14. INFORMANT Wilson Hawkins (Address) 1619 Locust

15. FILED May 11, 1927 M. M. Croome REGISTRAR Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1927, to May 9, 1927 that I last saw him alive on May 9, 1927, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

15 Uremic
13 1/2 (duration) yrs. mos. ds.
 CONTRIBUTORY Chronic Interstitial Nephritis (SECONDARY) 12 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-7-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) H. M. Smith, M. D.
710, 1927 (Address) Old City Hosp. K. C., 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 Highland Cem DATE OF BURIAL 5/11/1927

20. UNDERTAKER H. M. Moore ADDRESS 1820 E. 18th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONAL—SUBJECT state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 2000 7 10000

caused by check marks, lacking from the death certificate:

Name: Douglas L. Hawkins

Who died at: Kansas City, Mo. on May 9, 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Uremia 129 W

Contributory: Chronic Interstitial Nephritis
Supra pubic cystotomy

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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