JUL 27 1927

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

Do not use this space.

18754

1. PLACE OF DEATH
County: Lawrence
Township:
City: Marionville No. St. Ward)

Registration District No. 468
Primary Registration District No. 4281

File No.
Registered No. 19

2. FULL NAME: Frank M Hawley

(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)~~: widower

5a. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Letetia Hawley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/13 1839

7. AGE: 87 YEARS 8 MONTHS 6 DAYS. If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Potsdam N Y

PARENTS
10. NAME OF FATHER: Darias Hawley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York State
12. MAIDEN NAME OF MOTHER: Fawra Heycutt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: F M Hawley
(Address): Marionville Mo.

15. FILED 6-22 1927 R. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/19 1927

17. I HEREBY CERTIFY, That I attended deceased from June 19 1927, to June 19 1927, that I last saw him alive on June 19 1927, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Stomach
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90d
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Letterington, M. D
, 19 (Address) Marionville 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: Marionville Mo
DATE OF BURIAL: 6/20 1927

20. UNDERTAKER: R H Fite
ADDRESS: Mt Vernon 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.