

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

Do not use this space.

87922

1. PLACE OF DEATH

County Ripley
Township Shomer
City (No. _____) _____ St. _____ Ward _____

Registration District No. 751
Primary Registration District No. 3990

File No. 191
Registered No. 32

2. FULL NAME Irene Hawks

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 4, 22</u>		
7. AGE <input checked="" type="checkbox"/> YEARS	<input checked="" type="checkbox"/> MONTHS	<input checked="" type="checkbox"/> DAYS
<u>6</u>	<u>4</u>	<u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>child at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>home</u> (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3-3 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 Dec 3 1927, to Dec 3 1927, that I last saw him alive on Dec 2 1927, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental burning by
191 clothing catching on fire
from a match
(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Naylor, Mo.
(STATE OR COUNTRY) Ripley

10. NAME OF FATHER Will Hawks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Co, Mo
(STATE OR COUNTRY) Ripley

12. MAIDEN NAME OF MOTHER Rose Blacklock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Camptell
(STATE OR COUNTRY) Dunklin Co

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) H. G. White, M. D.
Naylor

*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.

14. INFORMANT Will Hawks
(Address) Naylor, Mo

15. FILED 12/22/27 H. G. White
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Williams Cen DATE OF BURIAL Dec. 4 1927

20. UNDERTAKER Mrs. M. Gish ADDRESS Naylor Mo

2
L

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dupley Registration District No. 757 File No. 191
Township Thomas Primary Registration District No. 5990 Registered No. 32
City (No.) St. Ward

2. FULL NAME

Irene Hawks

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(Use the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 7/19 1928 Stoultz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1927

17. I HEREBY CERTIFY That I attended deceased from 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Accidental burning by clothing catching on fire from a match

CONTRIBUTORY (SECONDARY) no house burned
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D. , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENT

23-73-5

1-5