

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

Do not use this space.

3942B2

1. PLACE OF DEATH

County Barry
Township Franklin
City Cassville Mo (No.)

Registration District No. 29
Primary Registration District No. 4021

File No.
Registered No. 8 St. Ward)

2. FULL NAME Chas Daniel Hawk

(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. ds.

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) Feb 8 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
17

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) Cassville Mo

10. NAME OF FATHER R Glenn Hawk

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

12. MAIDEN NAME OF MOTHER Bessie Williams

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

14. INFORMANT (Address) R Glenn Hawk
Cassville Mo

15. FILED May 19 28 Mrs. H. P. Williams
REGISTRAR D.P.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-8, 1928, to 2-20, 1928, that I last saw him live on 2-19, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

inhibition
157
160

CONTRIBUTORY Asthma due to
(SECONDARY) congenital weakness
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chinoid
(Signed) J. P. ... M. D.
, 19 (Address) Cassville, 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 Private DATE OF BURIAL 2/21 1928

20. UNDERTAKER Home Funeral Home ADDRESS Cassville Mo

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.

