MAR 21 1928

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

Do not use this space.

6141

1. PLACE OF DEATH
County St Francois
Township St Francois
City Flat River (No. ..... St. ..... Ward)

Registration District No. 774
Primary Registration District No. 4465

File No. 12
Registered No. .....

2. FULL NAME William F. Hawse

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 4. 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	3	12	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): West Va

PARENTS

10. NAME OF FATHER: W. B. Hawse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): West Va
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: P. H. Carpenter
(Address): Riverminer

15. FILED Mar. 9, 1928. F. L. Keith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 16 - 1928 to Feb 16 - 1928 that I last saw h. 1/21 alive on Feb 16, 1928, and that death occurred, on the date stated above, at 12:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94 A
(duration) ..... yrs. 1 hour mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dailey Appleberry, M. D
Feb 16. 1928 (Address) River Mines, 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: New Castle, Penn
DATE OF BURIAL: 2-16 1928

20. UNDERTAKER: Jos Diemer
ADDRESS: Flat River 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.