25 1928

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

Do not use this space.

9870

1. PLACE OF DEATH

County Monroe — Registration District No. 581 — File No.

Township ~~Monroe~~ — Primary Registration District No. 4343 — Registered No. 7

City Monroe City (No. ..... St. ..... Ward)

2. FULL NAME James Frederick Hawker

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17th 1928

7. AGE — YEARS — MONTHS — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

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) Monroe City Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Stewart Hawker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion Co. Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Maurine Ragsdale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Stewart Hawker
(Address) Monroe City Mo

15. FILED 3/22, 1928 O. W. Wilson, Deputy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1928, to Mar 22, 1928, that I last saw this alive on Mar 21, 1928, and that death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature (7 months)
Obstructed bile duct
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Icterus neonatorum
..... (duration) ..... yrs. ..... mos. 5 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) J. V. Scobee, M.D.
3/22, 1928 (Address) Monroe City 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: I. O. O. F. Cemetery, Hannibal Mo — DATE OF BURIAL: 3-22 1928

20. UNDERTAKER: Wilson & Son — ADDRESS: Monroe City 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.