1928

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

Do not use this space.

File No. 17872

Registered No.

1. PLACE OF DEATH

County Monroe — Registration District No. 581

Township Monroe — Primary Registration District No. 4343

City Monroe City (No. 302, Second St. 2 Ward)

2. FULL NAME William Thomas Hawkins

(a) Residence. No. 302 Second St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 9th 1855

7. AGE: Years 73 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Meat Cutter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ralls Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Oscar Wm Hawkins

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

12. MAIDEN NAME OF MOTHER Mary Ann Dawson

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

14. INFORMANT Jas. B. Hawkins
(Address) Dixon Ill.

15. FILED 5/28 1928 O. W. Wilson Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 27 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21st, 1928, to May 27th, 1928 that I last saw him alive on May 27th, 1928, and that death occurred, on the date stated above, at 8.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage (Apoplexy)

8 LA (duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) 14 A

(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) W. L. Pipkin, M. D

5/28th, 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: St Judes Cemetary — DATE OF BURIAL: May 29 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.