7 1926

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

Do not use this space.

File No. 24695
Registered No. 218

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. ; St. ; Ward)
Registration District No. 368
Primary Registration District No. 3032

2. FULL NAME: Mitchell Hawkins
(a) Residence. No. 530 N Washington 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Maggie Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 1 1870

7. AGE: Years 57 | Months 10 | Days 30 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Broom Making
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pilot Grove Mo

PARENTS
10. NAME OF FATHER: Will Hawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dontno / dontno
12. MAIDEN NAME OF MOTHER: Mollie Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dontno / dontno

14. INFORMANT: Mary Jackson
(Address): Sedalia Mo

15. FILED 8-3, 1928 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31 1928

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 31, 1928, that I last saw him alive on July 31, 1928, and that death occurred, on the date stated above, at one o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis from fractured Skull
Automobile accident in
Sedalia Mo 2 10 M
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Accident
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) Chas [illegible], M. D.
Aug 3, 1928 (Address) Sedalia 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: Pilot Grove Mo — DATE OF BURIAL: 8-3 1928

20. UNDERTAKER: F. D. Ferguson — ADDRESS: Sedalia

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.