

30 1928

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

Do not use this space. Ball.

30951

64

1. PLACE OF DEATH

County L. Fayette  
Township Lexington  
City Lexington (No. ....)

Registration District No. 461  
Primary Registration District No. 3024

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Irvin Hawkins Jr.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. C. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Wilson Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 4 21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Coal Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) L. Fayette Co  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Irvin Hawkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) L. Fayette Co  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jennie Waters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co  
(STATE OR COUNTRY) Mo.

14. INFORMANT Mary Hawkins  
(Address) Lexington Mo.

15. Sept 17 1928 J. D. Cope  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10 - 1928, to Sept. 16 - 1928, and that I last saw him... alive on Sept. 16 - 1928, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Lobar Pneumonia  
10 days (duration) - yrs. - mos. - da.

CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH... no

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? your  
(Signed) J. D. Ball, M. D.  
Sept 17 1928 (Address) Lexington 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 Lexington Mo DATE OF BURIAL Sept 17 1928

20. UNDERTAKER Ernest Hegert ADDRESS Lexington

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.

