22 1928

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

Do not use this space.

35702

1. PLACE OF DEATH
County Saline
Township Elmwood
City (No. 6036 St. Ward)
Registration District No. 793
Primary Registration District No. 4474
File No.
Registered No.

2. FULL NAME Dorothy Ada Hawkins
(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 Female
4. COLOR OR RACE Colored
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) Feb 18 - 1928
7. AGE Years 19 Months 7 Days 29 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Salt Pond
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Oscar Hawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salt Pond
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mamie Crawford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sulphur Rock
(STATE OR COUNTRY) Arkansas
14. INFORMANT Mrs Oscar Hawkins
(Address) Blackburn Mo
15. FILED 10-19 1928 Gussie Lillard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17 1928
17. I HEREBY CERTIFY That I attended deceased from Oct. 17, 1928, to Oct 17, 1928 that I last saw her alive on Oct 17, 1928, and that death occurred, on the date stated above, at 6 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
12 5 B
25 B
12 4 10
Suddenly
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Determ
(duration) yrs. mos. 10 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? Clinical
(Signed) L. S. James, M. D
16 8, 1928 (Address) Blackburn - 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 Salt Pond Cem
DATE OF BURIAL 10/20 1928
20. UNDERTAKER Hoefer & Meinershagen
ADDRESS Blackburn 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.

WRITE PLAINLY, WITH UNFADING INKNOTHS IS A PERMANENT RECORD