

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.

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

Do not use this space.

30077

1. PLACE OF DEATH

County Washington

Registration District No. 887

Township Bretton

Primary Registration District No. 6179

City (No. ....)

File No. ....

Registered No. 97

St. .... Ward (....)

2. FULL NAME Hyacinthus 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

[Signature]

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

84

11

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired, Civil Engineer

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Summit

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Austin Hawkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

14. INFORMANT Ferson Carr

(Address) Kansas City, Mo

15. FILED 10/20, 1928 Jos. L. Thurman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/18 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/18, 1928 to 10-18, 1928 that I last saw him alive on Oct. 15, 1928, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 1

97 Atherosclerosis

[Signature] (duration) 3 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY)

(duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

18. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. F. Thurman, M. D.

10-20, 1928 (Address) Potosi, 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

DATE OF BURIAL

Summit Mo.

10/21 1928

20. UNDERTAKER Jos. L. Thurman

ADDRESS

Potosi Mo.

