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

Do not use this space.

8437

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1007

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 2100

2. FULL NAME Annie Hawkins

(a) Residence. No. 4233A W Belle Pl. St., 7B 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1891

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	3	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory Work

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Swan Lake

(STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER Harry Revely

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Swan Lake

(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Margie Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Swan Lake

(STATE OR COUNTRY) Miss

14. INFORMANT Reed Hawkins

(Address) 4233A West Belle Pl.

15. FILED ..... 19 ..... Mary E Hankins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1929 to ..... 19..., that I last saw h. alive on Feb 11 1929 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus

4 m (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 46

(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) E. O. Taylor, M. D.

19 (Address) 3 B Beckwith

*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 Washington Park Cemetery

DATE OF BURIAL Feb 17 1929

20. UNDERTAKER J. C. Thomas

ADDRESS 3111 Laclede

Dr. Taylor -
Died = 12.09 PM.
Feb 11, 1929

MAY 20 1945