39

MAY 25 1929

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

Do not use this space.

14443

1. PLACE OF DEATH

County Green — Registration District No. 318 — File No.

Township N. Campbell — Primary Registration District No. 5439 — Registered No. 362

City Springfield Mo (No. R# 5 on Bolivar Rd St. Ward)

2. FULL NAME Wilson Lewis Hawkins

(a) Residence. No. Bolivar Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred none yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) Apr 11-26

7. AGE: 23 Years — Months — Days 16 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Bolivar Mo
(STATE OR COUNTRY) Polk Co

PARENTS

10. NAME OF FATHER Henry Hawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk, Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Maud McLin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polk, Mo
(STATE OR COUNTRY)

14. INFORMANT Pearl Roberts
(Address) Bolivar Mo

15. FILED 5-3, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1929

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1929, to April 27, 1929 that I last saw him alive on April 27, 1929, and that death occurred, on the date stated above, at 5-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
RSA
RSA
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(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? Clinical only.
(Signed) Guy D Callaway, M. D
4/27/, 1929 (Address) Springfield 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: Mt Gilead — DATE OF BURIAL: Apr 28 1929

20. UNDERTAKER: Hutcheson Blue — ADDRESS: Bolivar

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.

367