JUL 23 1929

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

Do not use this space.

20810

1. PLACE OF DEATH

County Buchannan — Registration District No. 86 — File No.

Township Wayne. — Primary Registration District No. 5128 — Registered No. 41

City ..... (No. R.F.D. "2. Halls Mo. ..... St. ..... Ward)

2. FULL NAME Elisabeth Hawley.

(a) Residence. No. R.F.D. "2 Halls 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 82 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homework.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~[illegible]~~ Unknown.
(STATE OR COUNTRY) Clay County.

PARENTS

10. NAME OF FATHER Joseph Kirschner.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Anna Grow.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Germany.

14. INFORMANT W.N. Hawley.
(Address) R.F.D. "2 Halls Mo.

15. FILED June 15, 1929 J.J. Bunshell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1928 to June 11, 1929 that I last saw her alive on June 11, 1929, and that death occurred, on the date stated above, at 6:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Colon

46C

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(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

(Signed) E.B. McAdow, M.D.

June 12 1929 (Address) DeKalb 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 Bethel Cemetery. — DATE OF BURIAL June 15 1929

20. UNDERTAKER H.O. Sidenfaden — ADDRESS 1802 Union St.

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.

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