

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.

54
JAN 21 1930

34244-a

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

Do not use this space.

34244-a

1. PLACE OF DEATH

County Jasper
Township Bellevue
City Bellevue (No.)

Registration District No. 457
Primary Registration District No. 504 B

File No.
Registered No. 88
St. Ward)

2. FULL NAME

Mildred Lourene Hawley

(a) Residence. No. St. Ward.
(Usual place of abode)

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

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)

Feb 10th 1911

7. AGE

YEARS

MONTHS

DAYS

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

8

8

10

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

1577
828
118

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Bellevue, Mo

10. NAME OF FATHER

Lee Hawley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Jasper Co Mo

12. MAIDEN NAME OF MOTHER

Mildred Hawley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Bellevue Mo

14.

INFORMANT
(Address)

Lee Hawley
Bellevue Mo

15.

FILED

Dec 12 1929
Berndt Shymon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1929

17.

I HEREBY CERTIFY That I attended deceased from

the last 24 hours 1929, and that I last saw him alive on Oct 30, 1929, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Probably influenza 2 or 3 days duration. This child has Hydrocephalus for 6 years and was completely paralyzed

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. G. Webb, M. D.

Oct 30 1929 (Address) St. Joseph

*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

City Cemetery Higginsville Mo Nov 1st 1929

20. UNDERTAKER

ADDRESS

W. S. Schuler Higginsville Mo

