

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

Do not use this space.

748

**1. PLACE OF DEATH**

County Jefferson Registration District No. 314  
Township Country Primary Registration District No. 4190  
City Stanberry Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs Caroline Malissa Hawthorne  
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widow  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF J. G. Hawthorne deceased  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 6 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER Yost

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

12. MAIDEN NAME OF MOTHER Ente

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

14. INFORMANT Lucy L Hawthorne  
(Address)

15. FILED 1/21 1930 C. E. Berndt  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4  
1929 to Jan 20 1930  
that I last saw him alive on Jan 20, 1930 and that death occurred, on the date stated above, at 2.9 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
110  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

115  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Jan A. Curchitt, M. D.  
1/20, 1930 (Address) Stanberry, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Stanberry Mo 1/22 1930

20. UNDERTAKER ADDRESS

Ramon H. Phillips Stanberry  
Mo

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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