

58
1
7
MAY 21 1930

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

Do not use this space.

13222

1. PLACE OF DEATH

County Linn

Registration District No. 496

Township Prosser

Primary Registration District No. 2025

City Prosser (No. _____)

File No. _____

Registered No. 22

St. _____ Ward _____

2. FULL NAME

Edna M. Hawes

(a) Residence. No. 502 Larchdale ave 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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1877

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>5</u>	<u>17</u>	

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) Winfield (STATE OR COUNTRY) La.

10. NAME OF FATHER John R. Hawes

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

12. MAIDEN NAME OF MOTHER Mary Wheeler

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

14. INFORMANT Fred Hawes (Address) 502 Larchdale ave

15. FILED 411 1930 Bessie M. Fox Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-7, 1929, to 4/8 8-8, 1930, and that I last saw her alive on 4/8, 1930, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12A
Acute myocardial infarction
(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) Spontaneous Gall Bladder
(duration) 3 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? Skillets
(Signed) Jessie M. Fox, M. D.

(Address) Prosser, 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 Rose Hill DATE OF BURIAL 4/11/1930

20. UNDERTAKER Hunter Rollins ADDRESS Prosser Mo

WRITE PLAINLY IN PLAIN TERMS. 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.

