

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

Do not use this space.

16055

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. 907 Prospect)

File No. _____

Registered No. 1413

St. _____ Ward _____

2. FULL NAME Alfred Lee Hawkins

(a) Residence No. 907 Prospect St., 9 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Edith B. Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 8 21

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Hawkins

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

12. MAIDEN NAME OF MOTHER Mary Strait

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

14. INFORMANT Alfred Hawkins (Address) 918 Cleveland

15. FILED 5/7, 1930 M. M. Crowe REGISTRAR cash

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-7 1930

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1930, to 5-7-30, 1930 that I last saw living on 5-7-30, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
93A

CONTRIBUTORY (SECONDARY) myo-carditis acute (duration) yrs. mos. ds. 10

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) O. K. Russell, M. D.

57, 1930 (Address) 3231 E-11 St.

*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 Pleasant Hill Mo DATE OF BURIAL May 8 1930

20. UNDERTAKER W. W. Harris ADDRESS Pleasant Hill

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

3231-B-11th

Be 725-0

3011-C. G. G. G. G.

Be 725-3