

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

Do not use this space.

18786

1. PLACE OF DEATH

County Callaway
Township Clinton
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3006

File No.
Registered No. 125
St. Ward)

2. FULL NAME

Emma Hawkins
(a) Residence. No. State Hospital St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 14 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>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>76</u>	
8. OCCUPATION OF DECEASED		DAYS
(a) Trade, profession, or particular kind of work <u>Housekeeper</u>		If LESS than 1 day, hrs. or min.
(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

PARENTS	10. NAME OF FATHER <u>Dont Know</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>
	12. MAIDEN NAME OF MOTHER <u>Dont Know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>

14. INFORMANT Hospital Records
(Address)

15. June 9, 1930 P. M. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 2 1930 to June 8 1930; and that I last saw her alive on June 5 1930; and that death occurred, on the date stated above, at 9:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97
162 (duration) yrs. 3 mos. 14 ds.

CONTRIBUTORY (SECONDARY)
Semiprob psychosis (duration) yrs. 3 mos. 14 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
(Signed) D. E. Singleton, M. D.
June 5, 1930 (Address) State Hospital Fulton 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
Mt. Mach St. L. K. 19

20. UNDERTAKER
Jones + Salzen Slater

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.

PROPOSED
@ 11/15/77

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11/15/77