

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

Do not use this space.

370

1. PLACE OF DEATH

County Caldwell

Registration District No. 24

File No. 1

Township

Primary Registration District No. 41058

Registered No. 1

City Hamilton (No. 7)

St. _____ Ward _____

2. FULL NAME

Ruby Grace Hawks

(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

Female

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

Fred Hawks

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 9, 1882

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
48	4	25	

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)

Hamilton

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

R. H. Bantwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Rhoda Metcalf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hamilton
Mo.

14.

INFORMANT Aneta Scott
(Address) Hamilton Mo

15.

FILED 31

Jan 31 1931
Janley Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

Jan 4, 1931

17.

I HEREBY CERTIFY, That I attended deceased from Aug 9, 1929, to Jan 4, 1931, that I last saw him alive on Jan 2, 1931, and that death occurred, on the date stated above, at 12 noon.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

46C Carcinoma of Liver
46K Cancer of Intestines

48 (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

Carcinoma of Uterus
Ut. removed 23, 1929 (duration) 5 yrs. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

8466 (duration) _____ DATE OF _____
WAS THERE AN AUTOPSY? (3)

WHAT TEST CONFIRMED DIAGNOSIS

Jan 5, 1931 (Signed) J. P. Bourque M.D.
(Address) Hamilton 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

Pleasant Ridge

DATE OF BURIAL

Jan 6 1931

20. UNDERTAKER

John W. Sington

ADDRESS

Hamilton 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.

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

FEB 28 1931

