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

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.

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

Do not use this space.

3742

1. PLACE OF DEATH

County..... Registration District No. 791 ~~1004~~

Township..... Primary Registration District No.....

City..... (No. 7219 Michigan St. ..... Ward)

File No. ..... Registered No. 983

2. FULL NAME Emily Foulks Hawker

(a) Residence. No. 7219 Michigan St., 1 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 Dr Charles R Hawker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1st 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	8	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joshua S Foulks
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mary K Owen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) New York

14. INFORMANT Dr Chas R Hawker
(Address) 7219 Michigan Ave

15. FILED JAN 26 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/24 1931

17. I HEREBY CERTIFY: That I attended deceased from Jan 5, 1931, to Jan 24, 1931, that I last saw her alive on Jan 24, 1931, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Apoplexy

131

8 R (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Ch. Glomerulo Nephritis (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? Laboratory

(Signed) E P Buddy M. D
1/26, 1931 (Address) Univ Club Bldg

*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: Park Lawn Cemetery
DATE OF BURIAL: Jany 26 1931

20. UNDERTAKER: Jos P Murrells Sons
ADDRESS: 2639 Hickory St