

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

Do not use this space.

**1. PLACE OF DEATH**

10 County Boone Registration District No. 73  
 Township Clinton Primary Registration District No. 3006  
 City Clinton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. 20540  
 Registered No. 132

**2. FULL NAME** A. D. Hawkins

(a) Residence. No. 2182 St. 1st 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 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 Wm. A. & Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25<sup>th</sup> 1856

7. AGE YEARS MONTHS Days If LESS than 1-day, hrs. or min.  
75 1 21 26

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

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

10. NAME OF FATHER Josh. Hawkins

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

12. MAIDEN NAME OF MOTHER Ellen Cotton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co. Mo.  
 (STATE OR COUNTRY)

14. INFORMANT J. D. Hawkins  
 (Address) 319 2<sup>nd</sup> St. Clinton

15. FILED 6/17/31 F. C. Suggitt  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15-1931

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute indigestion -  
Ulcerated Stomach  
Standing (died on street. Brewery  
between 9<sup>th</sup> & 10<sup>th</sup> St.) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 117A  
118C (duration) 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  
 (Signed) E. S. Davis, Dorrner M. D.  
6-16-1931. (Address) Columbia 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 Memorial Park DATE OF BURIAL 6-17-1931

20. UNDERTAKER A. F. Baker & Thos. H. Coleman ADDRESS Boone Co.

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.

JUL 22 1931

