

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

Do not use this space.

25225

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1304 Belfountain)

Registration District No. 33
Primary Registration District No. 1100

File No. 8227
Registered No. 928 St. 6 Ward

2. FULL NAME

Kate Ann Hawks
(a) Residence, No. 1304 Belfountain St., 9th Ward:

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. 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>White</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>Sgt. Hawks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 1894</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>11</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County Mo.</u>		
13. NAME <u>Albert Sims</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Cora Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Sgt. Hawks</u> (ADDRESS) <u>1304 Belfountain</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Verailles Mo.</u> DATE <u>7/28</u>		
19. UNDERTAKER <u>Carroll Dandewald Co</u> (ADDRESS) <u>3024 T. road</u>		
20. FILED <u>7-27-1931</u> M. M. <u>Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24 1931 to July 26 1931.
Last saw him alive on July 26 1931. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:
acute dilatation of Heart
Date of onset

93C
95B
93C

Other contributory causes of importance:
Chronic Myo Carditis 1927

Name of operation Cholecystomy Date of 7/26/31
What test confirmed diagnosis? Yes Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. R. Rusk, M. D.
(Address) 3231 E. 11 St.

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.

