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

Do not use this space.

33356

1. PLACE OF DEATH
County Stone
Township Pierce
City Crane (No. ..... St. ..... Ward)
Registration District No. 842
Primary Registration District No. 6104
File No. .....
Registered No. .....

2. FULL NAME Lola Annette Hawerton

(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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 1931

7. AGE YEARS MONTHS 5 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Lawrence Co

FATHER
13. NAME Frank Hawerton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co

MOTHER
15. MAIDEN NAME Lola Belle Stubblefield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

17. INFORMANT (ADDRESS) C E Dallner Crane

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amara Mo DATE 9-12 31

19. UNDERTAKER (ADDRESS) W E Hilton Crane Mo

20. FILED 9-12 1931 Mrs Ethel Doggett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 31

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1931, to 9-12, 1931
I last saw her alive on 9-12, 1931. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Colitis — Date of onset 9-4

119

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No
If so, specify .....
(Signed) J C R Doggett, M. D.
(Address) Crane 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