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

Do not use this space.

34179

File No. 740

Registered No.

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.

NOV 24 1931

1. PLACE OF DEATH

County: Greene — Registration District No.: 318 2001

Township: — Primary Registration District No.:

City: Springfield Mo. (No. 1015, So Broadway Ave St. Ward)

2. FULL NAME F. A. Hawkins

(a) Residence, No. 1015 So Broadway Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Etta Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jamesville (STATE OR COUNTRY) Mo

FATHER

13. NAME Thomas Jefferson Madison Hawkins

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Mary Payne

16. BIRTHPLACE (CITY OR TOWN) Indianapolis (STATE OR COUNTRY) Ind

17. INFORMANT Mrs E. Hawkins (ADDRESS) 1015 So Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverdale Mo DATE Oct 14 1931

19. UNDERTAKER F. C. Thurine (ADDRESS) Springfield Mo

20. FILED 10-14, 1931 Ron Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to Oct. 13, 1931

I last saw ~~him~~ alive on Oct. 13, 1931. Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Bones and Lungs	~~Probably~~ ~~Exact~~ 1928

Other contributory causes of importance:

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify X

(Signed) [illegible], M. D.

(Address) Springfield, Mo.

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