

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

Do not use this space.

13487

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Primary Registration District No. 3032
 8 City Sedalia (No. 14108, Missouri St. Ward
 2. FULL NAME Mary Belle Hawkins
 (a) Residence, No. 14108 S. Missouri 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. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 97
 St. Ward

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-1 (OR) WIFE OR Ralph Hawkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 - 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 10 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 14 Dec 11. Total time (years) spent in this occupation 10
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME J. M. Orendor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Nacy Latham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Ralph D. Hawkins
 (ADDRESS) 14108 S. Missouri Sedalia
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE 4/8/32
 19. UNDERTAKER Mrs. Laughlin Bros
 (ADDRESS) Sedalia Mo
 20. FILED 4-8, 1932 J. J. Love
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1932
 2. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to Apr 6, 1932
 I last saw him alive on April 6, 1932 Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset
108 / 108
 Other contributory causes of importance: (1)
 Name of operation none Date of
 What test confirmed diagnosis? Physician's Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Board Collins, M. D.
 (Address) Sedalia 7710

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

MAY 26 1932

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.

WARNING: RESERVED FOR EMERGENCY USE

V. NO. 2

