

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

Do not use this space. ✓

16022

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5594
 City Independence (No. 10307 East 11th St)

File No. _____
 Registered No. 173 St. _____ Ward _____

2. FULL NAME

Mary Rose Hawk
 (a) Residence, No. 10307 East 11th St. Ward _____
 (Usual place of abode)
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16-1856</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>11</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buffalo New York</u>		11. Total time (years) spent in this occupation
MOTHER	13. NAME <u>Henry Hemmery</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
FATHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs J Hawk 10307 East 11th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>At Marys</u> DATE <u>May 20 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Carroll Funeral Home Independence Mo</u>		
20. FILED <u>May 18 1932</u> <u>J. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1932, to 5/18, 1932
 I last saw h. alive on 5/18, 1932 Death is said to have occurred on the date stated above, at 3.9 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension
Arterio Sclerosis
 Date of onset

Other contributory causes of importance:
Chloral

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chloral 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? _____
 If so, specify _____
 (Signed) Dilling M. D.
 (Address) 10307 Indep Ave Mo.

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

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.

APR 22 1932

