

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

Do not use this space.

26857

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

1. PLACE OF DEATH
72 County New Madrid Registration District No. 605
Township Como Primary Registration District No. 5864
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Blanquet Hawes
(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 1 12

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

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

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) Osola, Miss.

FATHER 13. NAME Jas. E. Hawes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osola, Miss.

MOTHER 15. MAIDEN NAME Mary Jane Rowell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osola, Miss.

17. INFORMANT (ADDRESS) Robert Hawes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sweet Home DATE 8-29 1932

19. UNDERTAKER (ADDRESS) H. L. Craig
Malden Mo.

20. FILED 8-28 1932 Mrs. C. S. Blackman
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1932, to Aug 28 1932.
I last saw him alive on Aug 28 1932. 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:
Malarial fever Date of onset _____

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
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? _____ 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) Howard Hunt, M. D.
(Address) Fortna, 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.

OCT 28 1932

