

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

Do not use this space.

32196

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township New Primary Registration District No. 389 File No. _____
 City K.C. Mo. (No. 7105 1/2 E 15th) Registered No. 3721
 St. _____ Ward _____

2. FULL NAME William P. Hawkins
 (a) Residence, No. 7105 1/2 E 15th St. 12 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

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1873</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>0</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>121</u>		
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) <u>Wymondhurst, Missouri</u>		
13. NAME <u>Price Hawkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Mrs Betty Hawkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT (ADDRESS) <u>Mrs Clara Hawkins 7105 1/2 E 15th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cmt Wash</u> DATE <u>Oct 13</u>		
19. UNDERTAKER (ADDRESS) <u>Rose Henderson 4139 E 15th</u>		
20. FILED <u>10-4-19</u> <u>2:20 p.m.</u> <u>M. Crowe</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
139
95B
131

Other contributory causes of importance:
Chronic dilatation of heart
nephritis

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: _____ (5)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Clara Hawkins (M. D.)
 (Address) Kansas

WRITE PLAINLY, WITH UNFADING INK. THIS IS A STATISTICAL REPORT.

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.

