

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

Do not use this space.

34329

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Missouri (No. 500 So. Kings Highway)
St. Louis Childrens Hospital

File No.
Registered No. **9695**
St. Ward)

2. FULL NAME Betty Jean Hawkins

(a) Residence, No. 820 Farrar St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode) St. Louis, Mo

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>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 30, 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) St. Louis, Mo. |

13. NAME Charles Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ella Mc Dowell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ruby F. Anthony
(ADDRESS) 500 So. Kings Highway St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prudens DATE Nov 21, 1932

19. UNDERTAKER H. Leidner and Co
(ADDRESS) 1417 N. Market St.

20. FILED 107-2-1022 Max O. Stirling
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1932

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1932, to October 31, 1932

I last saw her... alive on 10-31, 1932 Death is said to have occurred on the date stated above, at 11:50 p.m.

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

Extrophy of Bladder (E secondary infection)
135 B
15/3
Other contributory causes of importance:
(D)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) A. P. Taylor M. D.

(Address) 500 So. Kings Highway

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.

