

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

Do not use this space.

38070

1. PLACE OF DEATH

County Stoddard
Township Richland
City (No.)

Registration District No. 839
Primary Registration District No. 6101

File No.
Registered No. 47
St. Ward

2. FULL NAME

Mr. L. Hawley

(a) Residence. No. St. Ward.
(Usual place of abode) Essex Mo. (If nonresident, give city or town and State)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo.

10. NAME OF FATHER Mr. L. Hawley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Genoa Mo.

12. MAIDEN NAME OF MOTHER Antonia Bonham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Genoa Mo.

14. INFORMANT (Address) Clayton Hawley Essex Mo.

15. FILED 11/6 32 J. P. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-5 1932

I HEREBY CERTIFY That I attended deceased from July 25, 1932 to Nov 5, 1932 that I last saw her alive on Nov 1, 1932, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Face

(duration) 3 yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. Hunt, M. D.

, 19 (Address) Essex Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Essex Mo DATE OF BURIAL 11/6 32

20. UNDERTAKER COB, 995 ADDRESS Essex 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.

