

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 6015
City St. Louis (No. Barnes Hospital)

41617
File No. _____
Registered No. 10658
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St., 12 Ward. Joplin Mo.
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Lula Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23 - 1878</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>226</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Mo</u>		
FATHER	13. NAME <u>Giles W. Hawkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Britz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pine City Mo</u>	
17. INFORMANT <u>Lula Hawkins</u> (ADDRESS) <u>Joplin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joplin Mo</u> DATE <u>Dec. 4 32</u>		
19. UNDERTAKER <u>Allen Lauffer</u> (ADDRESS) <u>Joplin Mo</u>		
20. FILED <u>DEC - 2 1932</u> <u>W. H. Barker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-26 32 to 12-1 32
I last saw him alive on 12-1 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Tubercular pneumonia
Date of onset 6 weeks
2 days

Other contributory causes of importance:
82C
87B
107A JL C 1

Name of operation Cranotomy Date of 11-29-32
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? No
If so, specify _____
(Signed) James E. Pittman, M. D.
(Address) Barnes Hospital

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.

RECORD THIS IS A PERMANENT RECORD

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