

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 621

Do not use this space.

12526

1. PLACE OF DEATH

74 County Madaway Registration District No. 4372
5 Township Lawrence Primary Registration District No. 121
1 City Elmo (No. St. Ward)

File No.
Registered No.

2. FULL NAME

Roberta May Hawaker
(a) Residence, No. St. Ward.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ralph Hawaker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 10 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housewife
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) Elmo Mo

MOTHER FATHER
13. NAME Bert Spangler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Rhod Holveston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs Bert Spangler

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmo DATE Jan 25 1933

19. UNDERTAKER (ADDRESS) Rice Funerals Maryville Mo

20. FILED Jan 25 1933 Clara J. Harr Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 19 1933 to Jan 19 1933
I last saw him alive on Jan 18 1933 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cause of color
12:30 460
Other contributory causes of importance:

Name of operation Colostomy Date of Nov 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?
If so, specify Human Day (Signed) Maryville Mo, M. D.
(Address) Maryville

N. B.—Every item of information submitted for the purpose of determining the CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION should be in plain terms.

MAR 2 1933

2375

JUN 23 1948