

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Bushaway Registration District No. 82
Township Washington Primary Registration District No. 5127
City St. Joseph (No. Route #7) St. 14 Ward 15

File No. 4864
Registered No. 1415

2. FULL NAME

Jesse Monroe Hawley
(s) Residence No. 2 mi So of Smith St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) re-married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1876

7. AGE YEARS 76 MONTHS 7 DAYS 14 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming - Self.

10. Date deceased last worked at this occupation (month and year) Feb 24, 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Bushaway Mo (STATE OR COUNTRY) Missouri

13. NAME Nelson Hawley

14. BIRTHPLACE (CITY OR TOWN) Indian (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sauntia Moore

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

17. INFORMANT Con Lillian Gertrude Hawley (ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE Feb 27, 1933

19. UNDERTAKER St Joseph Funeral Home (ADDRESS) St Joseph Mo

20. FILED 277-3877-33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-25-33 to 2-25-33

I last saw him alive on 19 . Death is said to have occurred on the date stated above, at 9:30 p. m.

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

Eudacarditis Chr rubra
of 2 1/2
yr

Other contributory causes of importance: Arteriosclerosis

Name of operation None 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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Sproun
(Address) 212 Kirkpatrick

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.

MAR 24 1933

