

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

Do not use this space.

8349

1. PLACE OF DEATH

56 County Lewis
1 Township Canton
2 City Canton, Mo. (No.)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 9 St. Ward)

2. FULL NAME

Charles Beard Hawkins

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1855
7. AGE YEARS 77 MONTHS 5 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) 1 1/2 yrs ago 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County

MOTHER 13. NAME Moses Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

15. MAIDEN NAME Martha Blair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

17. INFORMANT Mr. Clyde Thompson (ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove Canton, Mo. DATE Feb 5 1933

19. UNDERTAKER F. D. Kelly (ADDRESS) Canton, Mo.

20. FILED Feb. 4, 1933 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1933

I HEREBY CERTIFY, That I attended deceased from March 1 1932, to Feb. 4 1932
I last saw him alive on Feb 4 1932 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

pyelo-nephritis Date of onset Dec 1932
prostatic hypertrophy Mar 1932
Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Phys exam Was there an autopsy? no

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) J. M. Waggoner, M. D.
(Address) Canton, 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.

