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

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.

JUN 22 1933

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

Geo. Hoogeboom
~~Do not use this space.~~
Dr Hoogeboom

1. PLACE OF DEATH
37 County Greene — Registration District No. 318 — File No. 16283
3 Township — Primary Registration District No. 2001 — Registered No. 410
5 City Springfield (No. St. Johns Hosp St. Ward)

2. FULL NAME Trevia Hawkins

(a) Residence, No. 930 Stanford 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1905

7. AGE YEARS 28 MONTHS 4 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Mo

FATHER
13. NAME F. M. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co.

MOTHER
15. MAIDEN NAME Mary Jane Lunderman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co

17. INFORMANT (ADDRESS) Mr. W. Hawkins Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Polktown DATE May 20 1933

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Springfield, Mo

20. FILED 5-20 1933 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to May 18, 1933
I last saw her alive on May 18, 1933 Death is said to have occurred on the date stated above, at 3:40 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Furunculosis with Staphilococcus septicemia	5/9/33

Other contributory causes of importance:

151

Name of operation Date of
What test confirmed diagnosis? Blood culture 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) Geo W Hoogeboom, M. D.
(Address) 407 Holland Rd Springfield Mo

DEC 10 1948