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

Do not use this space.

File No. 35430

Registered No.

1. PLACE OF DEATH

County: Vernon

Township: Virgil

City: (No. , St. Ward)

Registration District No. 8 73

Primary Registration District No. 6158

169

2. FULL NAME: Sarah Ellen 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: Female

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: T. J. Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1878 - 9 - 20

7. AGE: Years 55 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Vernon Co Mo

FATHER

13. NAME: J. R. Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana Mono Co.

MOTHER

15. MAIDEN NAME: Mary J. Haydon

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

17. INFORMANT (ADDRESS): Robert Snider Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Virgil DATE Oct. 10, 1933

19. UNDERTAKER (ADDRESS): G. B. Berry Sons Sheldon Mo

20. FILED Oct. 12, 1933 M. J. Mulvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to October 9, 1933. I last saw her alive on October 3, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

Brain Tumor — Date of onset July 33

550 550

Other contributory causes of importance: None

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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) Arthur G. Witham, M. D.

(Address) Sheldon 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.

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

NOV 10 1933

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