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.

JAN 3 1934

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

Do not use this space.

36557

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4478
City Kansas City (No. 915 Euclid St. Ward)

2. FULL NAME Opal Hawkins
(a) Residence, No. 915 Euclid St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fr.
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1901
7. AGE YEARS 31 MONTHS 11 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 Charles Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER
15. MAIDEN NAME Laura Walls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Laura Johnson 915 Euclid
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 11/15 1933
19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia
20. FILED Nov. 15, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1933, to Nov 12, 1933
I last saw her alive on Nov 10, 1933. Death is said to have occurred on the date stated above, at 12 10 a. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 23A

Date of onset Probably as far back as 1930 as she was then in Lids Sanatorium K.C. Mo.

Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Chilton W. McLaughlin, M. D.
(Address) 1007 N. 6th St. Kan City, Kan.

6th & Minnesota
Odd Fellows Bldg