JAN 26 1934

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

Do not use this space. 39594

File No. 4791

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township New — Primary Registration District No. 1002
City KC Mo (No. St Marys Hosp St. Ward)

2. FULL NAME Homer Hawkins

(a) Residence, No. (Usual place of abode) Glasgow Mo. St., Ward. (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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1870

7. AGE: Years 63 — Months 8 — 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. Hotel Keeper
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 J W Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Calloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Lizzie Hawkins Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glasgow Mo DATE Dec 7 1933

19. UNDERTAKER (ADDRESS) Mrs C L Forsler

20. FILED 12-7 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 6, 1933

I last saw h. alive on Dec 6, 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:

	Date of onset
Appendicitis (Ruptured)	
1218	
1228	
1229	

Other contributory causes of importance:
Peritonitis
Paralytic Illus
Hypostatic Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) George O Lee, M. D.
(Address) 1002 Argyle Bldg Kansas City, 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

MARGIN RESERVED FOR BINDING

233