

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

Do not use this space.

**MAR 24 1934**

5666

**1. PLACE OF DEATH**

County Macon Registration District No. 532  
 Township..... Primary Registration District No. 4318  
 City Lallato (No.....) St..... Ward.....

**2. FULL NAME** Laura Jane Hawks

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tamr Hawks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
91 8 23 23

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

13. NAME Laura Jane Hawks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Front Royal  
Virginia

15. MAIDEN NAME Front Royal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Front Royal  
Maryland

17. INFORMANT (ADDRESS) W. E. Wilkerson  
Lallato, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Emberia DATE Feb 14 1934

19. UNDERTAKER (ADDRESS) D. A. Christie  
Lallato, Mo

20. FILED 2/14 1934 W. O. Griffin  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1934, to Feb. 13, 1934

I last saw her alive on Feb. 13, 1934. Death is said to have occurred on the date stated above, at 9<sup>15</sup> a. m.

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

Lobar Pneumonia  
138  
950  
108

Other contributory causes of importance:  
Chronic Myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify (Signed) W. O. Griffin, M. D.  
 (Address) Lallato, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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26  
2

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