

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Townshp Blair Primary Registration District No. 3.019
 City Independence (No. 210 West Walnut) St. _____ Ward _____

File No. 12732
 Registered No. 144

2. FULL NAME

Hawkins Gladys A.
 (a) Residence, No. 210 West Walnut 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>25</u>	<u>10</u>	<u>15</u>	

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

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) Independence (STATE OR COUNTRY) Missouri

13. NAME Blanklyn B. Prather

14. BIRTHPLACE (CITY OR TOWN) Montreat (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Isabelle Crocker

16. BIRTHPLACE (CITY OR TOWN) Robinson (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs Prather (ADDRESS) 210 West Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Cemetery - 24 - 1934

19. UNDERTAKER D. Carson Funeral Home (ADDRESS) Independence

20. FILED April 23 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Apr 21, 1934

I last saw her alive on Apr 21, 1934. Death is said to have occurred on the date stated above, at 12:45 A.M.

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

Chronic Endocarditis
92R
 Date of onset 1931

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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) F. M. [Signature], M. D.
 (Address) Independence Mo

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.

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