

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

Do not use this space.

12927

**1. PLACE OF DEATH**

County Jackson Registration District No.           
Township Kaw Primary Registration District No.           
City Kansas City (No. General Hospital) St.          Ward         

File No.           
Registered No.           
St.          Ward         

**2. FULL NAME**

Hawk Charles  
(a) Residence, No. 215 1/2 Indep. ave St.          Ward           
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 86 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 1885

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
48 8 1

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

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) Nebraska

13. NAME John Hawk

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

15. MAIDEN NAME Maud Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Records Clerk R. C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 4-14-34

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster 918 Breakton, ave.

20. FILED 4-13 1934 M. W. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1934, to 4-11, 1934

I last saw h. alive on 4-11, 1934. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 10/8

Other contributory causes of importance: 10/8

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?           
If so, specify (Signed) P. De Manno, M. D.  
(Address) R. C. General Hosp.

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.

OCCUPATION  
FATHER  
MOTHER

