

MARGIN RESERVE

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Ever CAUSE OF Death 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.

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

Do not use this space.

21684

leaf 10 of 10

1. PLACE OF DEATH  
County St. Genevieve Co Registration District No. 934  
Township Dixon Primary Registration District No. 6026  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 6

2. FULL NAME Adler A. Hawk  
(a) Residence, No. R 3 Franklin St. Ward 3  
(Usual place of abode)  
Length of residence in city or town where death occurred 66 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 now  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 9 26  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairington Mo R 3

13. NAME Jefferson Hawk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Coledun

15. MAIDEN NAME Sophora Solomon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Forge Mo

17. INFORMANT (ADDRESS) R. E. Hawk

18. BURIAL OR REMOVAL PLACE Christians Ridge DATE June 9 1934

19. UNDERTAKER (ADDRESS) Calvin Ross

20. FILED 6/12/34 1934 Registrar W. C. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1934  
22. I HEREBY CERTIFY, That I attended deceased from May 10 1934, to June 7 1934  
I last saw her alive on May 28 1934. Death is said to have occurred on the date stated above, at 4:50 P. M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Ovary  
Date of onset 1930  
Other contributory causes of importance: 46

Name of operation None Date of no  
What test confirmed diagnosis? Chrom 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) R. P. ... M. D.  
(Address) Greenwood Mo

