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.

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

Do not use this space.

30927

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8190

City St Louis (No. Enroute City Hospital #2. St. ..... Ward)

2. FULL NAME Thomas Hawkins

(a) Residence, No. 2901 Franklin St. 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 1864

7. AGE: YEARS 69 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
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): St Louis Co Mo

FATHER
13. NAME: Jeff Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Mary Jefferson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Lottie Townsend 2901 Franklin

18. BURIAL, CREMATION, OR REMOVAL: Greenwood
PLACE Greenwood DATE 9-11-1934

19. UNDERTAKER (ADDRESS): Perkins und Co 3207 Lucas

20. FILED AUG 10 1934 19 J. F. Biedeck Registrar. 8/8/34

MEDICAL CERTIFICATE OF DEATH

6 No. Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8/7/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:25 A.M.

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

Chronic Myocarditis, Chronic Interstitial Nephritis, Congestion of Lungs, Cirrhosis Liver. Date of onset

Other contributory causes of importance:

due to Lobar Pneumonia

108 109

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? .....

If so, specify .....

(Signed) Harold [illegible], M.D.

(Address) Dyrbor