Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1934

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

Do not use this space.

1. PLACE OF DEATH

17

County Carroll, Registration District No. 138 File No. 32200

Township Fairfield, Primary Registration District No. 5202 Registered No. 57

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ethel Elizabeth H awkins,

(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 Female

4. COLOR OR RACE White,

5. [redacted], MARRIED, [redacted], OR [redacted] (write the word) Married

5A. IF MARRIED [redacted] (OR) WIFE OF J. F. H awkins,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-17th.,-1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	2	25	

OCCUPATION

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. House work.

10. Date deceased last worked at this occupation (month and year) Sept.-10th.,

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

FATHER

13. NAME William Sutton,

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

MOTHER

15. MAIDEN NAME Lora Baker,

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

17. INFORMANT (ADDRESS) J. F. H awkins, Braymer, Mo.,-R. F. D.#

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE Sept.-17th 1934

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.

20. FILED Sept. 27, 1934 B. C. Cole M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934, to Sept. 12, 1934

I last saw her alive on Sept. 12, 1934. Death is said to have occurred on the date stated above, at 11a m.

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

Puerperal Eclampsia due to uremic poison 146

Date of onset

Other contributory causes of importance: 146

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) Henry H. Patterson, M. D.

(Address) Braymer Mo