

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH

County Livingston
Township Rich Hill
City (No.) St. Ward)

Registration District No. 508
Primary Registration District No. 5685

File No. 33350
Registered No. 122

2. FULL NAME

Loey Ellen Hawkins
(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 White Female 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Hawkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1884
7. AGE YEARS 50 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) S. H.

MOTHER / FATHER 13. NAME John Rinehart

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

15. MAIDEN NAME Ada Bryan

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

17. INFORMANT J. M. Hawkins (ADDRESS) Chillicothe Mo R1

18. BURIAL, CREMATION, OR REMOVAL PLACE Edge wood Cem. DATE Sept 22, 1934

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe Mo

20. FILED Sept 25, 1934 Donald W. Daniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934 to Sept 20, 1934

I last saw him alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Carcinoma of Pancreas Date of onset 1933

Other contributory causes of importance: 46F 4U

Name of operation None Date of N.O.
What test confirmed diagnosis? Microsc. Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) G. W. Carpenter, M. D.
(Address) Wade Mo

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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