

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

Do not use this space.

7966

APR 2 1935

1. PLACE OF DEATH

County Andrew Registration District No. 13
Township _____ Primary Registration District No. 4010
City Savannah (No. _____) St. _____ Ward _____

2. FULL NAME Frank O. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-28-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. associated grocer
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) Cheney (STATE OR COUNTRY) Mo

13. NAME Thomas Hawkins

14. BIRTHPLACE (CITY OR TOWN) Pen (STATE OR COUNTRY) _____

15. MAIDEN NAME Katherine Ogelvie

16. BIRTHPLACE (CITY OR TOWN) Ken (STATE OR COUNTRY) _____

17. INFORMANT Chloa Mae Hawkins (ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 3-28, 1935

19. UNDERTAKER E. C. Breit (ADDRESS) Savannah Mo

20. FILED 3-27, 1935 Wm A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to March 27, 1935. I last saw him alive on March 22, 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Carcinoma of Pancreas Date of onset July 1934
H/L
Other contributory causes of importance: Metastatic carcinoma of liver

Name of operation None Date of _____
What test confirmed diagnosis? Phys Exam Was there an autopsy? Yes

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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. C. Breit, M. D.
(Address) P. O. Box 1000 Savannah Mo

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.

