

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.

1. PLACE OF DEATH APR 5 2 1935

County ButlerRegistration District No. 50

Township

Primary Registration District No. 3004City Butler (No.)

St. Ward)

File No. 8042Registered No. 232. FULL NAME John Edward 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Hawkins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. about 50 Don't know.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner

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) Kentucky13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Miss Audrey Hawkins (ADDRESS) Butler mo18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE March 31 193519. UNDERTAKER Culver's (ADDRESS) Butler mo20. FILED March 30 1935 Nina E Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 193522. I HEREBY CERTIFY That I attended deceased from Mar 20th, 1935, to Mar 28th, 1935.I last saw him alive on Mar 28th, 1935. Death is said to have occurred on the date stated above, at 3 m.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

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 no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Lobar Pneumonia(Signed) Nina E Culver, M. D.(Address) Butler MO.

