

JUL 25 1935

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

Do not use this space.

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1. PLACE OF DEATH
County Madison Registration District No. 629
Township Jackson Primary Registration District No. 5831
City (No.) St. Ward
2. FULL NAME Abinadi Hawley
(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 34 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Hawley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1887
7. AGE YEARS 53 MONTHS 7 DAYS 18 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bardonia, Texas
13. NAME John Hawley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Elvira Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
17. INFORMANT (ADDRESS) Martha Hawley, Reverwood, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Home, June 4, 1935
19. UNDERTAKER (ADDRESS) T. P. Ross, Reverwood, Mo.
20. FILED 7/9 1935 T. P. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12^{out} 1935
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to June 16, 1935. I last saw him alive on at 9:00 AM, 1935. Death is said to have occurred on the date stated above, at 12:15 m.
The principal cause of death and related causes of importance were as follows:
Mr. Hawley was run over and killed by a road truck. He was in a comatose condition and did not rally.
Other contributory causes of importance:
Shock and a weak heart.
Internal injuries.
Name of operation Date of
What was confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? injury Date of injury June 12, 1935
Where did injury occur? at his home in Bardonia (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury? run over by a road truck
Nature of injury various lacerations and internal
24. Was disease or injury in any way related to occupation of deceased?
If so, specify yes he was a farmer
(Signed) T. P. Ross M. D.
(Address) Reverwood, 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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