

SEP 26 1935

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

Do not use this space.

28519

1. PLACE OF DEATH

County Monroe
Township Washington
City _____ (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 134
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hospital # 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 2/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) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1902
7. AGE YEARS 32 MONTHS 9 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. com. lab.
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) Rogers, Ark.

13. NAME Benjamin Hawthorn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Lillie Richard

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

17. INFORMANT (ADDRESS) C. Clerk, Lawrence

18. BURIAL, CREMATION, OR REMOVAL Buried DATE Aug 13-35

19. UNDERTAKER (ADDRESS) Terrell Funeral Home, Nevada, Mo.

20. FILED 8-13-35 M. Quikinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934 to Aug. 12, 1935
I last saw him alive on 11/11/35, 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Gen. paralysis of the insane
(Syphilis of the C.N.S.)
Date of onset ?

Other contributory causes of importance: Convulsions, alcohol, malaria, fever
Date of onset Aug. 27-35

Name of operation none Date of _____
What test confirmed diagnosis? clin. conf. Was there an autopsy? no

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? no
If so, specify _____
(Signed) T. T. O'Fallon, M. D.
(Address) Nevada, 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.

OCCUPATION
FATHER
MOTHER

