

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

Do not use this space.

29377

OCT 24 1935

PLACE OF DEATH

County MOORE Registration District No. 384
Township WEST PHOENIX Primary Registration District No. 4227
City WEST PHOENIX, MO. St. _____ Ward _____

File No. _____
Registered No. _____

FULL NAME

ARTIE ETHEL 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 FE 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 5. HAWKINS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-16-1894

7. AGE YEARS 43 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) FULTON CO. ARKANSAS

13. NAME JOE HORSEMAN

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

15. MAIDEN NAME SUE F. DEATHRIDGE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FULTON CO. ARKANSAS

17. INFORMANT JOE HORSEMAN (ADDRESS) WEST PHOENIX, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mogdy DATE 9-7- 1935

19. UNDERTAKER ROBERTSON'S MORTUARY (ADDRESS) WEST PHOENIX, MO.

20. FILED 9-7- 1935 W. D. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-16- 1934, to 9-6- 1935

I last saw her alive on 9-6- 1935. Death is said

to have occurred on the date stated above, at 3:45 p.m.

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

Almonay Tuberculosis

Date of onset 1927

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam. by pathologist 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 _____, 1935

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) E. Claude Bohner, M. D.

(Address) West Plains, Mo.

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.

W. R. P. R. M. K.

