

OCT 24 1935

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

Do not use this space.

30043

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township Chillicothe Primary Registration District No. 3.26
City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas E. Hawkins

(a) Residence, No. 425 Montgomery St., 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 76 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 Mrs Mary Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-10-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 0 18

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Ret. Police

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) Livingston Co

13. NAME John Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. state

15. MAIDEN NAME Mary Simmons

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

17. INFORMANT C. Hawkins Chillicothe Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutchison DATE 9-30 1935

19. UNDERTAKER F. B. Norman Chillicothe Mo
(ADDRESS)

20. FILED Sept. 30, 1935 Donald H. Paulsen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from for years, 19 , to Sept 28, 1935
Last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

angina Pectoris

Date of onset
5 yrs
ago

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? symptoms 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) H. M. Gross, M. D.

(Address) Chillicothe, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

