NOV 21 1935

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

Do not use this space.

32865

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Haw — Primary Registration District No. — Registered No. 4005
City K. C. Mo (No. 1408 West 40 St. Ward)

2. FULL NAME Mrs Rose Maline Hawkinson
(a) Residence, No. 1408 West 40 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrad Hawkinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1862
7. AGE Years 73 Months 0 Days 27 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Sweden

FATHER
13. NAME John J. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME E. M. S. Warner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Roy C. Hawkinson 1408 W 40
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE Oct. 25 1935
19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 East 15
20. FILED 10/24 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug - 1, 1935, to Oct 23, 1935
I last saw her alive on Oct 23, 1935. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Duodenal Ulcer — Date of onset July 1935

Other contributory causes of importance: Mitral insufficiency senility

Name of operation ... Date of ...
What test confirmed diagnosis? — 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) Carl A Jackson, M. D.
(Address) 507 Commerce Bldg

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

Dr. [illegible] 9171 [illegible]