FEB 20 1936

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: Boone
Township:
City: Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 19

2. FULL NAME: Donald Ewell Hawkins

(a) Residence, No. 220 Sexton Rd. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-3-1932

7. AGE: YEARS 3 | MONTHS 5 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Columbia, Missouri

FATHER
13. NAME: Thomas N. Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Missouri

MOTHER
15. MAIDEN NAME: Beatrice M. Baine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Missouri

17. INFORMANT (ADDRESS): Thomas N. Hawkins Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Columbia Cemetery DATE: 1-25, 1936

19. UNDERTAKER (ADDRESS): Parker Furniture Co Columbia Mo.

20. FILED: 1/25/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 24, 1936.
I last saw him alive on Jan 23, 1936. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Post Scarlet	

Other contributory causes of importance:

Scarlet fever 1/6/36

Name of operation: No 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) R. D. Battenberg, M. D.
(Address) Columbia, 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.