

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

Do not use this space.

JAN 16 1936

893

1. PLACE OF DEATH

County Greene,
Township Boone,
City Ash Grove, (No. _____)

Registration District No. 316
Primary Registration District No. 4191

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

2. FULL NAME

William Jerome 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella C. Hawkins
3/17/1853

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 --- 9 --- 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Cedar County, Mo.

FATHER 13. NAME William Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Elizabeth Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) M. P. Hawkins
Ash Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cash Grove DATE 1/6 1936

19. UNDERTAKER (ADDRESS) A. Galbraith,
Ash Grove, Mo.

20. FILED 1/4 1936 Mrs. Sarah Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1935, to Jan 3, 1936
I last saw him alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Cerebral Hemorrhage or Cerebral Embolism with Hemiplegia Date of onset 12/24/35

Other contributory causes of importance Age

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? _____

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) Dr. Charles L. Orr, M. D.
(Address) Ash Grove, Mo.

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CONFIDENTIAL

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