

APR 23 1936

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

Do not use this space.

10874

1. PLACE OF DEATH

County Jackson
Township Waver
City W. C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 2321, Lister)

File No. _____
Registered No. 1549
St. _____ Ward _____

2. FULL NAME

Thomas H. Hawkins
(a) Residence, No. 2321 Lister St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Boeville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1897

7. AGE YEARS 38(8) MONTHS 7 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER FATHER 13. NAME Issac G. Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co. Tenn.

15. MAIDEN NAME Mary Alice Underwood

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

17. INFORMANT (ADDRESS) Mrs. Thomas Hawkins, 2321 Lister

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stockton, Mo. DATE 3/21

19. UNDERTAKER (ADDRESS) Rose + Henderson, 4139 E. 13th, Kansas City

20. FILED Mar 22 1936 M. M. Cronin, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1936, to 3/21, 1936.
I last saw him alive on 3/21, 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia (Lobar) Date of onset 3/16/36

Other contributory causes of importance:

Acute upper respiratory infection

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 K

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) O. D. E. ... M. D.

(Address) 4800 E. 24th St. W. C. 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.

