

JUL 20 1936

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

Do not use this space.

22540

1. PLACE OF DEATH

County Clay Registration District No. 312
Township Franklin Primary Registration District No. 4188
City King City, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 15

2. FULL NAME

Anna Mary Long 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. 14 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>By Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 12 - 1864</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>11 yrs ago</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
MOTHER	13. NAME <u>B. F. Long</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
	15. MAIDEN NAME <u>Marjory Evershow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Mrs. W. R. Parr</u> (ADDRESS) <u>King City, Mo.</u>		
18. BURIAL, CREMATION, OR REBURYAL PLACE <u>Oak Grove</u> DATE <u>June 19</u>		
19. UNDERTAKER <u>R. Y. Tarrant</u> (ADDRESS) <u>215 S. Olive St., King City, Mo.</u>		
20. FILED <u>June 19, 1936</u> <u>Donald D. Leahy</u> Registered		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936

22. I HEREBY CERTIFY That I attended deceased from Apr 1, 1936, to June 17, 1936
I last saw her alive on June 13, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
apoplexy with paralysis and brain pressure Date of onset 1 year

Other contributory causes of importance
Paralysis of bowel with inanition due to impaired swallowing 3 mo.

Name of operation _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Mark R. Woods, M. D.
(Address) King City, Mo.

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

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.

