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.

AUG 18 1936

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

Do not use this space.

791
1003

28045

File No.
Registered No. 6777

1. PLACE OF DEATH

County
Township
City St. Louis (No. 3449, Pine St., St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Jennie Hawkins

(a) Residence, No. 4458 West Belle Place Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febyr 1-1858

7. AGE: Years 78 | Months 5 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
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): Missouri

FATHER

13. NAME: Hodge Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Eliza Lee Nee Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: George Hawkins
(ADDRESS) 4116 Red Bud Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE July 1936

19. UNDERTAKER: A. Russell Und. Co.
(ADDRESS) 2732 Pine Street

20. FILED JUL 6 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to July 4, 1936
I last saw her alive on July 4, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage 131	3 day
Other contributory causes of importance: Chronic Nephritis & diffuse arteriosclerosis	indefinite

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) [illegible], M. D.
(Address) 822 N. Jefferson

Dr. / [illegible]