SEP 21 1936

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

Do not use this space.

30521

1. PLACE OF DEATH

County Gasconade — Registration District No. 306

Township ~~Cowan~~ — Primary Registration District No. 4184

City Owensville (No. ..., ... St. ... Ward)

File No. ...

Registered No. 22

2. FULL NAME Shirley Elizabeth 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1936.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	0	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

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) Owensville, (STATE OR COUNTRY) Missouri.

FATHER

13. NAME William Hawkins

14. BIRTHPLACE (CITY OR TOWN) Van Cleve (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Effie Jones

16. BIRTHPLACE (CITY OR TOWN) Near Bray (STATE OR COUNTRY) Missouri.

17. INFORMANT William Hawkins (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owensville City Cemetery DATE Aug. 6, 1936

19. UNDERTAKER W. F. Gottenstroter (ADDRESS) Owensville, Mo.

20. FILED 8-29, 1936. J. J. Ferrell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to aug 5, 1936

I last saw h. er alive on aug 4, 1936. Death is said to have occurred on the date stated above, at 7a m.

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

	Date of onset
Entero Colitis acute	7-25-36

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... 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? ...
If so, specify —

(Signed) Joseph W Miles, M. D.
(Address) Owensville 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.

WHOLE LIFETIME WITH UNFAILING INTEREST IS A PERMANENT RECORD