

FEB 25 1937

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

Do not use this space.

1706

1. PLACE OF DEATH
 County Jackson Registration District No. 379
 Town Rail Primary Registration District No. 1002
 City Stauss City (No. 2841 Cypress) St. _____ Ward _____
 2. FULL NAME Lawrence Lee Hawk
 (a) Residence, No. 2841 Cypress 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10-1915
 7. AGE YEARS 21 MONTHS 8 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26th
 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) Intermeo Mo.
 MOTHER / FATHER
 13. NAME Geo. R. Hawk
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centermeo Mo.
 15. MAIDEN NAME Clara Hallaway
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Anna May Hawk (ADDRESS) 2841 Cypress
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Jan 29 1937
 19. UNDERTAKER Eaylor Funeral Home (ADDRESS) R. C. Mo.
 20. FILED Jan 28 1937 M. M. Corome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1937
 22. I HEREBY CERTIFY that I attended deceased from Oct 2 1936 to Jan 26 1937
 I last saw him alive on Jan 26 1937. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Tuberculous laryngitis
 Date of onset 1935
 Other contributory causes of importance 3
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cloned 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) Robert C. Surber M. D.
 (Address) 838 Argyle Bldg

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.

