

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

Do not use this space.

FEB 19 1937

1. PLACE OF DEATH

77 County Ozark
Township Jackson
City Briley (No. 2)

Registration District No. 646
Primary Registration District No. 5855

File No. 2494
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Briley St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 60 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 <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, <u>WIDOWED</u> OR DIVORCED (write the word)
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary B. Hawkins</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-14-1856</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>31</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worth Co. Mo.</u>		
13. NAME <u>Almon Hawkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Mary A. Hawkins Cox</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana (State)</u>		
17. INFORMANT <u>Glen Hawkins</u> (ADDRESS) <u>Briley Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>London Cemetery</u> DATE <u>Jan. 17</u> 19 <u>37</u>		
19. UNDERTAKER <u>Neighbors & Friends</u> (ADDRESS) <u>all of them Briley Mo.</u>		
20. FILED <u>Jan 18 1937</u> <u>W. E. Harris</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1937 to Jan. 15 1937
I last saw him alive on Jan. 12 1937. Death is said to have occurred on the date stated above, at 7.1 a.m.
The principal cause of death and related causes of importance were as follows:
Uremic poisoning
Prostatic Enlargement

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none 1937
Where did injury occur? none
(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 none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) P. E. Brushong M. D.
(Address) Jamesville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is not required.

