

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

 County ADAIR Registration District No. 4
 Township PETTIS Primary Registration District No. 5007
 City KIRKSVILLE MO (No. 7) St. _____ Ward _____
File No. 4815Registered No. 332. FULL NAME JOHN F HAWKINS
 (a) Residence, No. 3 MILE S W OF MILLARD R R Ward. 1
 (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 MALE | 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 SINGLE | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 4th 1844 | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 92 | 3 | 8 | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER. RETIRED | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GRAIN | | | |
| | 10. Date deceased last worked at this occupation (month and year) JAN 1 1917 | | 11. Total time (years) spent in this occupation 50 | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **teensee**13. NAME **T L HAWKINS**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **S. C**15. MAIDEN NAME **DONT KNOW**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **S. C**17. INFORMANT **JUDGE J JOHNSON**
(ADDRESS) **KIRKSVILLE MO R R**18. BURIAL, CREMATION, OR REMOVAL PLACE **Shaver Cemetery** DATE **2. 15th 1937**19. UNDERTAKER **DAVIS & WILSON**
(ADDRESS) **KIRKSVILLE MO**20. FILED **Feb. 19. 1937** **Spencer Neeman**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-14 1937**

22. I HEREBY CERTIFY, That I attended deceased from

Febry 12. 1937. to Febry 14. 1937
 I last saw him alive on **Febry 12. 1937**. Death is said to have occurred on the date stated above, at **3 a.m.**
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia.

Date of onset

2/12/37Other contributory causes of importance: **none.**

Name of operation _____ Date of _____

What test confirmed diagnosis? **none** Was there an autopsy? **no**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 _____

Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____

(Signed) **H.O. Newton**, M. D.(Address) **La Plata 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.

