

MAR 22 1937

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

Do not use this space.

7104

1. PLACE OF DEATH

County DwightRegistration District No. 303File No. 7104

Township

Primary Registration District No. 3669Registered No. 124City Meadville

(No.)

St.

Ward)

2. FULL NAME Sarah Kathryn Hawsey

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

John Ross Hawsey

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

Feb. 13 - 1877

7. AGE

YEARS
69

MONTHS

11

DAYS

27

If LESS than 1 day, hrs. or min.

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

House work

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) (STATE OR COUNTRY)

Dwight Mo

13. NAME

Simpson W Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dwight Mo

15. MAIDEN NAME

Alice Jennings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

Loedie Young
Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Meadville MoDATE Feb 12 - 1937

19. UNDERTAKER (ADDRESS)

Jas P Gordon
Meadville Mo

20. FILED

Feb 11 - 1937STW

Registrar.

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

Feb - 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

2 - 4 - 1937 to 2 - 10 - 1937I last saw her alive on Feb - 10 - 1937. Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Bacterial pneumonia
following influenza

Date of onset

Other contributory causes of importance:

Influenza

Name of operation

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) STW

M. D.

(Address) Meadville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

