

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

Do not use this space.

9765
1188

APR 9 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 6802 Paseo) St. _____ Ward _____

2. FULL NAME LeGrande S. Hawkes
 (a) Residence, No. 6802 Paseo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Marjorie Hawkes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1894</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>11</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>President of</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hawkes Mfg. Co.</u>			
	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) <u>Boise Idaho</u>				
FATHER	13. NAME <u>Don't Know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Smart</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Marjorie Hawkes 6802 Paseo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Logan, Utah</u> DATE <u>Mar. 28</u> 19 <u>37</u>				
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary & Chapel Kansas City, Missouri</u>				
20. FILED <u>3-27-37</u> <u>M. M. Crowe</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 .1937

22. I HEREBY CERTIFY that I attended deceased from _____ 19____
 I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Asphyxia by smoke
Carbon monoxide gas poisoning
1800

Date of onset _____

Other contributory causes of importance:
W

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external causes (violence), fill in on the following:
 Accident, suicide, or homicide _____ Date of injury _____
 Where did injury occur 6802 Paseo _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Home August 1937 while
 Nature of injury deceased was sleeping

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] _____, M. D.
 (Address) [Address]

House did not burn

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.

