

APR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Boone

Registration District No.

73

File No.

11121

Township

City

Columbia

(No.

Primary Registration District No.

3006

Registered No.

89

St.

Ward)

## 2. FULL NAME

Turner Franklin Hawkins

(a) Residence, No.

510 Noelia

St.

Ward.

(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

White

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

Married

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

Margaret Hawkins

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

5-14-1889

7. AGE

YEARS

47

MONTHS

10

DAYS

9

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Decorative

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)

Boone County Missouri

13. NAME

James L. Hawkins

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

Missouri

15. MAIDEN NAME

Margaret Goslin

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

Missouri

17. INFORMANT (ADDRESS)

Clay Hawkins Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Columbia Cross 3 25 1937

19. UNDERTAKER (ADDRESS)

Parker Furniture Co. Columbia, Mo.

20. FILED

3/25/1937 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

3-23-1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 1<sup>st</sup> 1937, to Mar 23<sup>rd</sup> 1937

I last saw him alive on Mar 22, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Moemia Acute Nephritis  
following Influenza

Other contributory causes of importance:

11 B

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? *no*

If so, specify

(Signed) *Loyd Simpson*, M. D.  
(Address) *Columbia, 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.

