

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.

MAY 20 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
327 1 6
County Greene Registration District No. 316
Township Boone Primary Registration District No. 4191
City Ash Grove, (No.) St. Ward)

File No. 16312
Registered No.

2. FULL NAME Ella C. Hawkins,
(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. J. Hawkins</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/25/1855.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>2</u>	<u>81</u>	<u>6</u>	<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>of retired farmer.</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>St. Charles, Mo.</u>				
FATHER	13. NAME <u>John Chandler,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fittsburg, Mass.</u>			
	15. MAIDEN NAME <u>Abby M. Kimball,</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass. (?)</u>			
	17. INFORMANT (ADDRESS) <u>Mrs. Robert Elson, Ash Grove, Mo.</u>			
18. BURIAL, CREMATION OR OTHER PLACE <u>Ash Grove, Mo.</u> DATE <u>5/4/37</u>				
19. UNDERTAKER (ADDRESS) <u>A. Galbraith, Ash Grove, Mo.</u>				
20. FILED <u>May 3, 1937.</u> <u>Mrs. Leonard Jones</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2/37, 1937

22. I HEREBY CERTIFY That I attended deceased from April 28, 1937, to May 2, 1937
I last saw h. m. alive on May 1 at 1:35 PM. 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:
Cerebral thrombosis + left sided paralysis.
Date of onset 4/12/37

Other contributory causes of importance:
old age

Name of operation Date of
What test confirmed diagnosis? clinical 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) Dr. Charles H. Jones, M. D.
(Address) Ash Grove, Mo.

