

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Howard*
Township *Roanoke*
City *Roanoke Mo* (No.)

Registration District No. *381*
Primary Registration District No. *14225*

File No. *16524*
Registered No. St. Ward)

2. FULL NAME *Bettie King Hawthinson*

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *69* 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 *Female* 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 *J. L. Hawthinson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *NOV-29-1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *near Roanoke Mo* (STATE OR COUNTRY)

13. NAME *A. D. Wickes*

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

15. MAIDEN NAME *Eliza Jane King*

16. BIRTHPLACE (CITY OR TOWN) *Fayette Mo* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *J. L. Hawthinson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Roanoke Mo* DATE *March 28 1937*

19. UNDERTAKER *A. H. Aldaber* (ADDRESS) *Roanoke Mo*

20. FILED *3-27 1937* *W. C. Hawthinson* 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 *Friday* 1937 to *March 26* 1937
I last saw h. w. alive on *March 26* 1937 Death is said to have occurred on the date stated above, at *7:15 p.m.*
The principal cause of death and related causes of importance were as follows:

Diabetes
SA
Other contributory causes of importance: *retinal hemorrhage* 3-24
Date of onset *34*

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) *W. C. Hawthinson*, M. D.
(Address) *Roanoke 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.

[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be transcribed accurately.]

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Howard
Township
City Roanoke (No., St., Ward

Registration District No. 381
Primary Registration District No. 4220

File No. 16524
Registered No.

2. FULL NAME

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 3 27

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

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Feb 27 1937 W. O. Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from to 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:
Date of onset

Other contributory causes of importance:
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) W. O. Hawkins, M. D.
(Address) Roanoke Mo

SUPPLEMENTARY

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