

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.

SEP 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30536

1. PLACE OF DEATH

County *Madison*Registration District No. *236*Township *Madison*Primary Registration District No. *4143*City *Edenton Mo*(No. *1*)St. *Mo*

Ward

2. FULL NAME

(a) Residence, No. *Rebecca Hawkins*St. *Mo*

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

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

Mr. Hawkins

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

Jan - 16 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

*35**73**6**26*

OCCUPATION

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

Louiseville

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)

Texas

FATHER

13. NAME

Jason Leilday

MOTHER

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

Texas

15. MAIDEN NAME

Martha A. Tuttle

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

Texas

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Edenton Mo* DATE *Aug - 13 - 1937*

19. UNDERTAKER (ADDRESS)

Dr. J. R. Piley

20. FILED

*8-13**37**Miss R. Stapp*

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

*was dead when I*I last saw him, alive on *Aug 12* Death is said to have occurred on the date stated *at 7:29 a.m.*

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

*I think she died of cerebral hemorrhage**had had first attack 4 years ago & 3 since*

Other contributory causes of importance:

82a!

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? *p* Date of injury *8*, 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 *o*Nature of injury *o*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

