

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Starkton  
City Starkton (No. \_\_\_\_\_)

Registration District No. 314  
Primary Registration District No. 4190

File No. 34205  
Registered No. 17 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Miss Mary A. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M  
4. COLOR OR RACE W.  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20-1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 6 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1937  
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Sept 18 1937  
I last saw him alive on Sept 18 1937. Death is said to have occurred on the date stated above, at 108 m.  
The principal cause of death and related causes of importance were as follows:  
Acute Enterocolitis

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. Home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation. ✓

Other contributory causes of importance:  
108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.  
13. NAME Samuel D. Stafford  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Emily Brownfield  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PA.

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.

17. INFORMANT (ADDRESS) Mrs. Maud Wilcox  
18. BURIAL, CREMATION, OR REMOVAL PLACE Starkton Mo DATE 9/20 1937

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Starkton Mo  
20. FILED 9/20 1937 W. J. Beard Registrar

(Signed) W. J. Beard, M. D.  
(Address) Starkton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. S. E. Simpson