

JAN 17 1938

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

Do not use this space.

32

1. PLACE OF DEATH

County Clinton Registration District No. 205  
Township 2 Primary Registration District No. 4123  
City Gower (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. ~~45124~~  
Registered No. \_\_\_\_\_

2. FULL NAME

James Madison Hawkins 9152  
(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 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 Ada Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 29 - 1864

7. AGE YEARS 73 MONTHS 6 DAYS 6 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Painter  
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) Clinton Co. Mo.

FATHER 13. NAME George Hawkins

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

MOTHER 15. MAIDEN NAME Elizabeth Sworn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

17. INFORMANT George L. Hawkins (ADDRESS) Gower Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gower DATE Jan 7 1938

19. UNDERTAKER F. G. Lough (ADDRESS) Gower Mo.

20. FILED 1-6 1938 J. C. Swann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1938

22. I HEREBY CERTIFY That I attended deceased from Mar. 12 1937 to Jan 5 1938  
I last saw him alive on Jan 5 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:  
Hypertension Mar. 1937  
Chronic nephritis Mar. 1937

Other contributory causes of importance:  
Mitral Regurgitation Mar. 1937

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical symptoms Was there an autopsy? No

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) F. G. Lough M. D.  
(Address) Gower 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.

