

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Russ  
City Kansas City, Mo. (No. St. Josephs Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 17395  
Registered No. 2092  
Ward

2. FULL NAME Mary Lucy Hawkins 252

(a) Residence, No. 252 St. Milo, Mo. Ward. Milo, Mo.  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1892

7. AGE YEARS 46 MONTHS 3 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER 13. NAME A. M. Sheets

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

15. MAIDEN NAME Angela Ridgeway

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

17. INFORMANT Mrs Ben Foster  
(ADDRESS) 2826 Barrett, K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fels Summit, Mo. DATE May 20, 1938

19. UNDERTAKER E. K. George & Sons  
(ADDRESS) Belton, Mo.

20. FILED May 20, 1938 M.M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19<sup>th</sup>, 1938

22. I HEREBY CERTIFY That I attended deceased from May 7<sup>th</sup> 1938 to May 19<sup>th</sup> 1938  
I last saw her alive on May 19<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Acute Myocarditis  
Phlebitis  
Cerebro Myelitis 1880  
Other contributory causes of importance: 1897

Name of operation ✓ Date of no  
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? See no. 22  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury horse kick  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) L. J. Holden, M. D.  
(Address) Kansas City, Mo.

