REC'D JUN 16 1938

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

Do not use this space.

File No. 17879

Registered No. 130

1. PLACE OF DEATH

County Callaway

Township

City Fulton (No. , St. Ward)

Registration District No. 104

Primary Registration District No. 3008

2. FULL NAME Mary L. Hawkins 25?

(a) Residence, No. St., 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
96	4	2	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri U

FATHER

13. NAME DK 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

MOTHER

15. MAIDEN NAME DK

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

17. INFORMANT Scott Hawkins
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer Cemetery DATE May 23, 1938

19. UNDERTAKER Leo G. Woodface
(ADDRESS) Fulton, Mo.

20. FILED May 23, 1938 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/13/38, 19, to Present time., 19

I last saw h. er alive on 5/20/38, 19. Death is said to have occurred on the date stated above, at 6 A.M.

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

	Date of onset
Cardiac insufficiency, following insufficient elimination, senile demencia.	
95	

Other contributory causes of importance:
97 years old.

Name of operation Date of

What test confirmed diagnosis? P.E. 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) Greene D. McCall, M. D.

(Address) Fulton Mo.

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