

REC'D JUN 24 1938

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

19682
Do not use this space.

1. PLACE OF DEATH
(a) County Shannon Registration District No. 8224
(b) Township Alley Primary Registration District No. 1200
(c) City _____ (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albie Hawkins 252
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Hawkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
20 1 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Ripley County Mo
13. NAME Andy Thomas Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo
15. MAIDEN NAME Maechie Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo
17. INFORMANT (ADDRESS) George Hawkins Alley Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Senior's cemetery DATE 4-30-1938
19. FUNERAL DIRECTOR (ADDRESS) W. Van Buren Mo
20. FILED 4-21-1938 Frank Nagel MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 21-1938 to Apr 29-1938
I last saw him alive on Apr 25-1938. Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs
Date of onset 23 W

Other contributory causes of importance
Chronic mitral Effusion

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.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Frank Byde M. D.
Eminee Mo
1744 (Address)

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

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)