

REC'D AUG 11 1938

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

24793

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 103
(b) Township _____ Primary Registration District No. 1031 Registered No. 754
(c) City St. Joseph (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Ida Jeanette Hawkins

(a) Residence, No. R.R. #5 St. Joseph, Mo. St. RR #5 St. Joseph, Mo.
(Usual place of abode (if no street address, write county or city) (If nonresident, give city or town and State)

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 OF (OR) WIFE OF Thomas Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1884

7. AGE YEARS 54 MONTHS 1 DAYS 6 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as 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) Buchanan County, Missouri

FATHER 13. NAME Nathan McDowell

14. BIRTHPLACE (CITY OR TOWN) Buchanan County, Missouri

MOTHER 15. MAIDEN NAME Rhodica Pierson

16. BIRTHPLACE (CITY OR TOWN) Buchanan County, Missouri

17. INFORMANT Thomas Hawkins
(ADDRESS) RRD #5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

#6 PLACE N.E. Dearborn, Mo. DATE 7/20/38

19. FUNERAL DIRECTOR Walter Weirhafer
(ADDRESS) 1302 Barron St., St. Joseph, Mo.

20. FILED 7-20 1938 A. J. Westcott
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to July 18, 1938.
I last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Stroke in common bile duct & obstructed gallbladder
131

Other contributory causes of importance:

Heart disease, arteriosclerosis - myocardial chronic
choledochostasis

Name of operation _____ Date of _____
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 _____, 1938Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. J. Sharp M. D.

(Address) 825 Charles

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.

STATEMENT BY LICENSED EMBALMER

I, W. H. Kelly, Licensed Embalmer No. 3946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed: Walter H. Kelly
Licensed Embalmer No. 3946

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.)

Name of operation is

Cholecystectomy