DEC'D SEP 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ralls, Registration District No. 727 File No. 29808

Township Primary Registration District No. 4433 Registered No.

City Perry, (No. , St. Ward)

2. FULL NAME Della Francis Hawkinson. 252

(a) Residence, No. Center, Mo, R.F.D. 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: 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: Charlie Hawkinson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January, 23, 1892.

7. AGE: YEARS 46 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.
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): Ralls County Missouri 0

FATHER
13. NAME: Thorton Cole 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois. 0

MOTHER
15. MAIDEN NAME: Nora Boyd.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls County. Missouri

17. INFORMANT (ADDRESS): Charley Hawkinson Center, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fern Chappel. DATE Sept, 7, 1938

19. UNDERTAKER (ADDRESS): Clyde C. Wilkey. Perry, Mo.

20. FILED 9/6 1938 Clyde C. Wilkey Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-22-38, 19, to 9-4-, 1938

I last saw her alive on 9-4-, 1938. Death is said to have occurred on the date stated above, at 10 30 p m.

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

Cancer of Breast followed by Cancer of Liver

50 lb

Date of onset

Other contributory causes of importance:

Name of operation Removal of Breast 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? 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) R. E. Suter, M. D.

(Address) Perry, Mo.

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

RECEIVED
District Health Officer No. 10
District File Number 10-38-146
Date Filed 9-15-38