REC'D OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 532 — File No. 32701
Township — Primary Registration District No. [redacted] 4318 — Registered No.
City La Plata (No. , St. Ward)

2. FULL NAME Jefferson Davis Hawkins
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
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 Cora Hawkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14-1861
7. AGE YEARS 76 MONTHS 10 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Ky

FATHER
13. NAME John C Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary P Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Wm A Hawkins Ethel Mrs
18. BURIAL, CREMATION, OR REMOVAL
PLACE La Plata DATE Sept 25 1938
19. UNDERTAKER (ADDRESS) D S Christie La Plata Mo
20. FILED Sept 26, 1938 Louise J Smith Registrar. 47.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1938, to Sept. 23, 1938
I last saw him alive on Sept. 23, 1938. Death is said to have occurred on the date stated above, at 5 00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:
Hypertension.

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) C. H. Buckley, M. D.
(Address) La Plata Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-286

Date Filed 10-5-38