

NOV 23 1938

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

36209
Do not use this space

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 59 (b) Township _____ Primary Registration District No. 3026 Registered No. _____
 1 (c) City Chillicothe (d) Street No. 204 Locust St. _____
 2 (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 Jonathan F. Hawley

(a) Residence, No. 204 Locust 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 Male 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 Mary Lee Hawley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
86 3 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hinsdale
 (STATE OR COUNTRY) New York

13. NAME Alonzo Hawley

14. BIRTHPLACE (CITY OR TOWN) New York State
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Freemann

16. BIRTHPLACE (CITY OR TOWN) New York State
 (STATE OR COUNTRY)

17. INFORMANT Mrs. J. F. Hawley
 (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Edgewood DATE Oct 19 1938

19. FUNERAL DIRECTOR (NAME) F. B. Norman
 (ADDRESS) Chillicothe, Missouri

20. FILED 0/19/1938 Donald McDowell Local Registrar. (Address) Chillicothe, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1 1938 to Oct. 16 1938

I last saw him alive on Oct. 16 1938 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic interstitial nephritis (Date of onset) yes - ago

Other contributory causes of importance:

Cerebral arteriosclerosis
middle ear infection yes - ago
4 months

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) Donald McDowell, M. D.

(Address) Chillicothe, Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Elton F. Norman & E. R. Norman (2374), or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.)

If this body is not embalmed, above space should be left blank.