

REC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler Registration District No. 88 File No. 1746
Township Coon Island Primary Registration District No. 6268 Registered No. 6
City Neosho (No.) St. Ward)

2. FULL NAME

500 Jamie Bertram Hawen
(a) Residence No. St. Ward. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Harrison Mo.

13. NAME James Hawen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Mo.

15. MAIDEN NAME Verna Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

17. INFORMANT (ADDRESS) James Hawen Neosho Star St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunbar DATE Jan 29 1939

19. UNDERTAKER (ADDRESS) Wm. H. H. H. H. Neosho

20. FILED 1-30 1939 E. Loautenfelt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 25 1939 to Jan 28 1939

I last saw him alive on Jan 25 1939. 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:

Brachitis Date of onset

106 B

Other contributory causes of importance: age

Name of operation none Date of

What test confirmed diagnosis? chest 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) H. H. H. H. M. D.

(Address) Neosho

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.

