

REC'D MAY 18 1939

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

15796
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps Registration District No. 677
(b) Township Rolla Primary Registration District No. 4403 Registered No. 46
(c) City Rolla (d) Street No. Hospital - Rolla 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 Lizzie A Hawkins
(a) Residence, No. 251 St. Newburg 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. D. Hawkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1856
7. AGE YEARS 82 MONTHS 8 DAYS 23 IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Fairhill Md
13. NAME Geo Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pymou Co
15. MAIDEN NAME Isabella Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT (ADDRESS) R. E. Spener
Newburg Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg Mo DATE May 5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo Johnson
Newburg Mo 110
20. FILED May 5 1939 Joe. H. Wylers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1939
22. I HEREBY CERTIFY, That I attended deceased from April 30 - 1939, to May 3 - 1939
I last saw him/her alive on May 3 - 1939. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
Hypertension
Other contributory causes of importance:
Name of operation None 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. Spener, M. D.
(Address) Newburg Mo

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

....., or by

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

Signed.....

Lee Johnson

Licensed Embalmer No.....

3390

P. O. Address.....

Newburg 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.