

REC'D JUN 13 1939

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

19249
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 576
 (b) Township Ohio Primary Registration District No. 5765 Registered No. 57
 (c) City Wyatt (d) Street No. _____ St.
 (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

(a) Residence, No. 31 James William Hawkins Wyatt Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Della M. Hawkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1878
 7. AGE YEARS 60 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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) Missouri County Mo.

13. NAME William Thomas Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

15. MAIDEN NAME Larah Emily Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri County Mo.

17. INFORMANT (ADDRESS) Mrs. John Goodenow
Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. V. S. Cemetery DATE June 3, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Franklin Funeral Home
Charleston, Mo.

20. FILED 6-2- 1939 J. S. Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH 9:40 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to May 31, 1939
 I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 9:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage with terminal Cardiac insufficiency. 121
 Date of onset 3/26/39

Other contributory causes of importance:
Ch. Interstitial Nephritis 3 of 4000
Arterio Sclerosis
Ch. Myo Carditis 4000

Name of operation _____ Date of _____
 What test confirmed diagnosis Ch. S. Myo 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) W. S. Love, M. D.
 (Address) Charleston, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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,

Thomas E Bass

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Thomas E Bass*

Licensed Embalmer No. *3977*

P. O. Address *Charleston 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.