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250 JUN 15 1939

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

Dr. Phillips  
19405  
Do not use this space.

1. PLACE OF DEATH

(a) County Jennison Registration District No. 683  
(b) Township Hasty Primary Registration District No. 4390  
(c) City Hasty (d) Street No. \_\_\_\_\_ 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 John Williams Hawks

(a) Residence, No. Hasty Mo. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1860

7. AGE YEARS 78 MONTHS 5 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
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) 14 yrs ago 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME unknown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. W. H. Kirby (ADDRESS) Hasty Mo.  
18. BURIAL, CREMATION OR REMOVAL PLACE Hasty Cemetery DATE 5-6-39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Rhoads  
20. FILED 5-6 1939 J. W. Rhoads Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-39

22. I HEREBY CERTIFY, That I attended deceased from May 2 1939, to \_\_\_\_\_ 1939  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_. Death is held to have occurred on the date stated above, at Hasty Mo.  
The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia Date of onset 2-1-39

Other contributory causes of importance:  
Bright Disease  
Senile Debility Ch. R. M. C.

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? \_\_\_\_\_  
If so, specify William A. Peth (Signed) \_\_\_\_\_, M. D.  
(Address) Hasty

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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.

RECEIVED  
District Health Officer No. 3  
District File Number 29-381  
Date Filed 6/10/39

**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**