

REC'D JUN 24 1939

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

20042
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 873
(b) Township Montevillo Primary Registration District No. 757
(c) City _____ (d) Street No. 6757 Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) 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

252 THOMAS JEFFERSON HAWKINS
(a) Residence, No. _____ 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 20 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 18

OCCUPATION 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. Farmer
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) unknown
Indiana

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

MOTHER 15. MAIDEN NAME Peggie Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) ms. Pitts
Miss Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vernal Cemetery DATE April 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) J.B. Beany & Sons
Sheldon, Mo

20. FILED April 20 1939 W. W. Khorostoff
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939, to April 8, 1939.
I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Pericarditis
Ch. Myocarditis

Other contributory causes of importance: 93C

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. W. Khorostoff, M. D.
796 (Address) W. W. Khorostoff

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.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 71

District File Number 7-39-854

Date Filed 6-2-39

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beevy, Licensed Embalmer No. 2385
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me personally
..... L. E.
No. or by Registered Apprentice No. 2385
working under my personal supervision.
Signed Carroll T. Beevy
Licensed Embalmer No.

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.)