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

3655
Do not use this space.

1. PLACE OF DEATH
(a) County Ste Genevieve 2 Registration District No. 934
(b) Township Union 0 Primary Registration District No. 6026 Registered No.
or
(c) City (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 Ulysis G. Hawk 200
(a) Residence, No. Farmington R. 3. St.
(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 Male
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 Anna M. Matkin Hawk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1866
7. AGE YEARS 73 MONTHS 5 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Doe Run, Mo.

FATHER
13. NAME Eli Hawk 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meiggs Co, Ohio 1

MOTHER
15. MAIDEN NAME Elizabeth Jane Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meiggs Co, Ohio

17. INFORMANT (ADDRESS) Mrs. Anna May Hawk R 3 Farmington, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE IOOF Doe Run Mo DATE ....19....
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neidert Und Co Farmington, Mo.
20. FILED 1-16, 1940 Rev Joseph A Gassner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1940
22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1940, to 1-13, 1940
I last saw him alive on Never, 19.... Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently Coronary Occlusion	

Other contributory causes of importance: 94 Pt

Name of operation Clinical Date of No
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) Rappleberry 1, M. D.
856 (Address) Farmington

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

1-13-40
Gotten breeze on this morning about 7 am
Complaining of pain in region of heart
And it feels a few minutes before
arrived or gone

Rapphaling M.D.

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 J. Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Arredent

Licensed Embalmer No. 2238

P. O. Address Farmington, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.