

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

Do not use this space.

15752

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 8032

File No.
Registered No. 137
St. Ward)

2. FULL NAME

Frances A. Hawkins

(a) Residence, No. 605 W. Pettis St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 5 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework in home
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) Pettis Co mo

MOTHER
13. NAME Edward Newbill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Pettis Co mo

15. MAIDEN NAME Nellie Bushaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burnet Co mo

17. INFORMANT (ADDRESS) Edward Newbill Sedalia mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Cemetery DATE April 6 1940

19. UNDERTAKER (ADDRESS) H. D. Ferguson Sedalia mo

20. FILED 4-6- 1940 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 3 - 1940

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1940, to 4 - 3, 1940
I last saw her alive on 4 - 3, 1940 Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Other contributory causes of importance:

Post-operative adhesions

Name of operation Exploratory by Dr. Walton Date of 4-3-40
What test confirmed diagnosis plumbeum 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) A. R. Woodcox, M. D.
(Address) 116 1/2 W. Main

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

12213

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-15-40

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 15752

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 137

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Scarsdale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Francis A. Hawkins

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color race Col 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 1 If less than one day min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town. (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: month 4 day 3 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction
Due to: Pelvic abscess
Due to: Post operative adhesions

Other conditions (Include emergency within 3 months of death)

Major findings: Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature: A. R. Waddox (M. D. or other)

Address: 116 W. Main Date signed

SUPPLEMENTAL COPY

Duration
Underline the cause to which death should be charged statistically.

