

FILLED OCT 27 1941

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

Do not use this space.

34686

1. PLACE OF DEATH

County Clinton
Township Ladysburg
City Ladysburg (No. 27)

Registration District No. 206
Primary Registration District No. 2124

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Margaret E. Hawkins
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6 1861</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mason County, Mo.</u>		
FATHER	13. NAME <u>Harvey W. Hawkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Lizzie Chiff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Robert Hawkins, 2124</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ladysburg</u> DATE <u>9-23-41</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. J. ...</u>		
20. FILED <u>9-23-41</u> 19 <u>41</u> <u>C. B. Dunsen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1941

22. I HEREBY CERTIFY, that I attended deceased from Sept. 11 1941 to Sept. 20 1941.
I last saw him alive on Sept. 20 1941. Death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset 9-1-41

Other contributory causes of importance: 83a

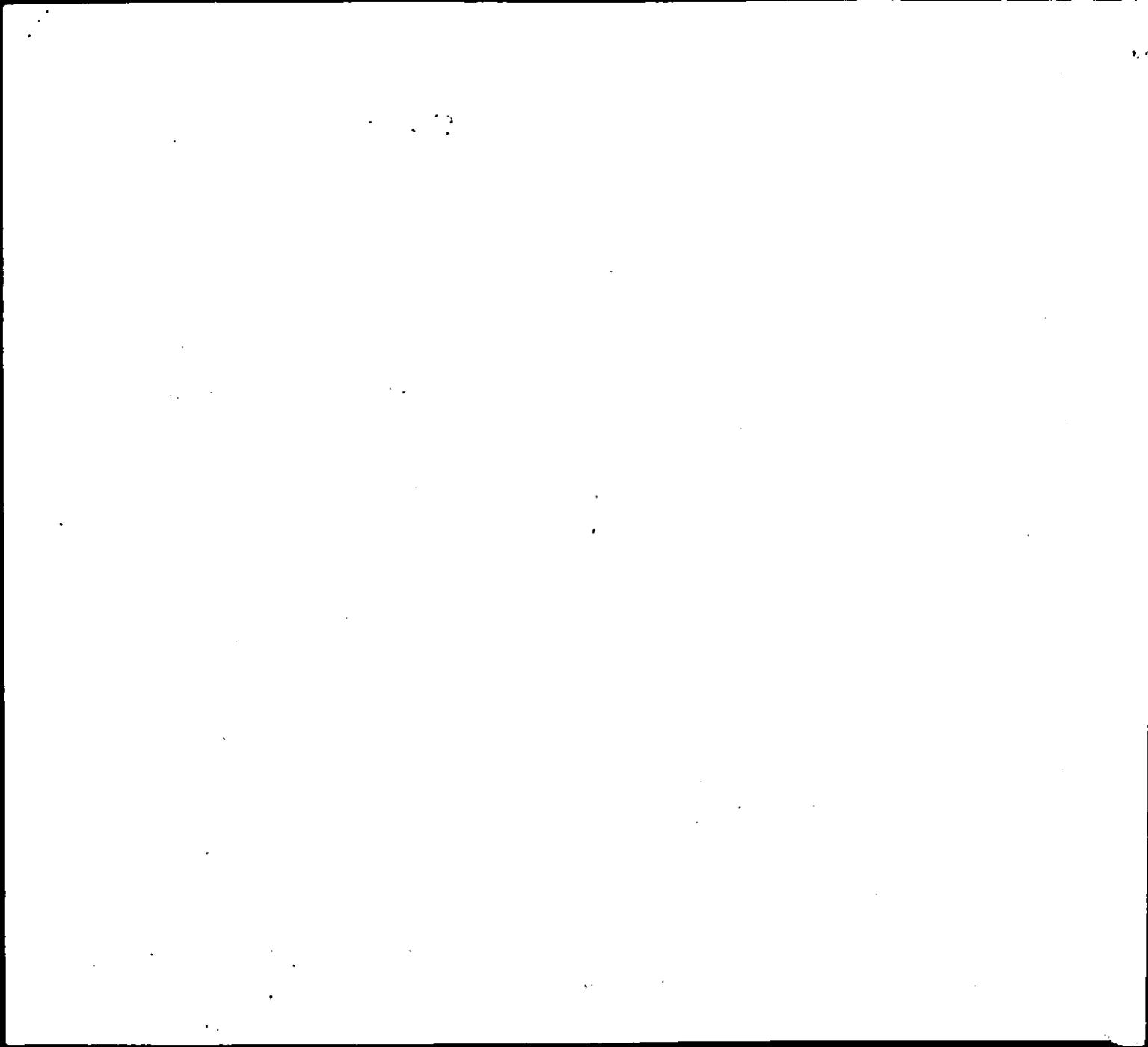
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. J. Longfield M. D.
(Address) Ladysburg, Mo.

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.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34686

Registration District No. 206

Primary Registration District No. 4124

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Lathrop
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town Lathrop Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret E. Hawkins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 1941 year, _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I have examined the body on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 6 1886
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 13 min. _____
If less than one day

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-23-41 (b) E. B. Dunkerton
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

