

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

Do not use this space.

3591

**FILED JAN 29 1944**

66 1. PLACE OF DEATH 1944  
 County Miller Registration District No. 213 66  
 Township Blair Primary Registration District No. 5781  
 City Brick-R-I (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis Hawken  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. (If nonresident, give city or town and State) yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1853</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>11</u>	DAYS <u>18</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, 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) <u>Penn. 1</u>		
FATHER	13. NAME <u>William Hawken</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 9</u>	
MOTHER	15. MAIDEN NAME <u>unknown 9</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 9</u>	
17. INFORMANT <u>Louie Hawkey</u> (ADDRESS) <u>Jussumbia, MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jussumbia</u> DATE <u>1-2-44</u>		
19. UNDERTAKER <u>Chas. Baxey, Mo.</u> (ADDRESS) <u>Brick-R-I, Mo.</u>		
20. FILED <u>1-2-44</u> 1944 <u>Ch. Hawken</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1944

22. I HEREBY CERTIFY, That I attended deceased from out. 29 1934, to Dec 15 1942  
 I last saw him alive on Dec. 15 1943 Death is said to have occurred on the date stated above, at 4 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute influenza Date of onset 12-29-43  
Chronic Nephritis 1930  
Chronic Myocarditis 1938

Other contributory causes of importance: 131 f

Name of operation None 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) Myron D. Jones M.D.  
 (Address) Brick-R-I, 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.

RECEIVED

Miller County Health Dept.

County File Number 44-10

Date Filed 1-7-44

No Embalming

Ch Casey 2694  
Berre, Mo