

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

Do not use this space.

13031

## 1. PLACE OF DEATH

County Hannay  
Township  
City Clinton (No. 116)

Registration District No. 347  
Primary Registration District No. 3018

File No.  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Wm. E. H. Hawkins  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 Female 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 Wm. E. Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 2 15

## 8. OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work House Keep.  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer W. H. Burrey

9. BIRTHPLACE (CITY OR TOWN) Madison Co  
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miss E. H. Conner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind  
(STATE OR COUNTRY)

14. INFORMANT Alma M. G. Casey  
(Address) Clinton Mo

15. Apr. 10 1928 Dr. E. C. Peeler  
FILED \_\_\_\_\_ REGISTRAR  
by J. J.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 9, 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/31, 1928, to 4/9, 1928, that I last saw her 4/9 4/9, 1928, and that death occurred, on the date stated above, at 10 P. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma ofRectum

(duration) yrs. 18 mos. ds.

CONTRIBUTORY 45  
(SECONDARY) (duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) E. C. Peeler, M. D.

(Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Clinton Mo Apr. 11 1928

20. UNDERTAKER -

ADDRESS

James Wilkerson & Co  
Clinton 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.

