

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

Do not use this space.

20474

1. PLACE OF DEATH

County Henry
Towship Bethlehem
City (Name) _____

Registration District No. 347
Primary Registration District No. 5489A

File No. _____
Registered No. 83
St. _____ Ward _____

2. FULL NAME

George Hawk

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 | 11 | 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Westmoreland Co Penna
(STATE OR COUNTRY)

10. NAME OF FATHER Conrad Hawk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penna
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs. Detring

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

14. INFORMANT J. E. Spicer
(Address) Brownsville

15. FILED June 20, 1928
REGISTRAR Dr. E. C. Peeler
per 85

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to June 16, 1928, and that I last saw him alive on June 15, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Insufficiency
92A

CONTRIBUTORY (SECONDARY) 90A

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH DATE OF _____
WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature] M. D.

6/19, 1928 (Address) Brownsville 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 Englewood Cem DATE OF BURIAL 6/17, 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

