

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8466

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township _____ Primary Registration District No. 3018 Registered No. 15
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

James C. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley Hawkins
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 87 Don't know
8. OCCUPATION OF DECEASED Housekeeper
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) in own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
10. NAME OF FATHER Walter M Fowler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Crawford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs Dr. Cress
(Address) Clinton Mo

15. FILED 3/24/1930 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1930
17. I HEREBY CERTIFY, That I attended deceased from Mar 21 1930, to Mar 22 1930, that I last saw him, alive on Mar 21 1930, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Astero Sclerosis
97 9/10 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 9/10 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Daniel A. Pogue, M. D.
9/24/1930 (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 Goodhope cemetery DATE OF BURIAL Mar 24 1930

20. UNDERTAKER Spore ADDRESS Clinton

APR 28 1930

