

FILED MAY 12 1941

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

Do not use this space.

15078

## 1. PLACE OF DEATH

County Linn  
Township Jefferson  
City Rural (No. ....)

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

St. ....

Ward) ....

## 2. FULL NAME

Albert Alva Hawkins

(a) Residence, No. ....

(Usual place of abode) Laclede Mo.Rural

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.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Widowed - Age 64

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE-OFMattie Moore Hawkins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .... hrs.

or .... min.

67718. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farming9. 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

OCCUPATION

FATHER

MOTHER

17. INFORMANT

(ADDRESS)

Luther DeBore  
Browning Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Purdin, Mo.

DATE

Apr. 16, 1941

19. UNDERTAKER

(ADDRESS)

W. S. Thorne L. # 2876  
Laclede, Mo.

20. FILED

April 14, 1941Mrs. Geo. O. Plouman

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

April 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from

Dr. J. C. Callahan, CoronerI was h. in. alive on April 4, 1941 Death is saidto have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Placed 12 gauge shot gun  
in mouth pulling trigger  
with toe on left rigid foot  
blowing top of head off  
causing instant death

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/4, 1941Where did injury occur? Linn Co., Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dale Burch - Coroner

(Address)

Marceline Mo.N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

The Body on the reverse side of this page was  
embalmed by me, W.G.Thorne, Laclede, Mo., L.#2876

W.G.Thorne  
Laclede, Mo.  
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