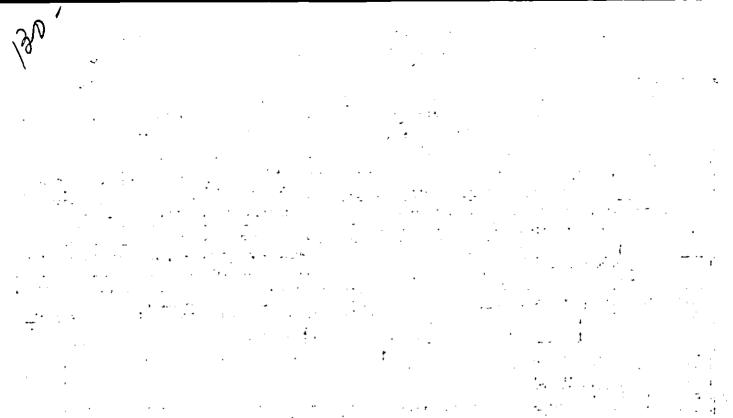
REC'D MAY 2 3 1938 MISSOURI STATE BOARD OF HEALTH Do not use this space. Exact statement of OCCUPATION is very important BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 15263 1. PLACE OF DEATH County Mariou Registration District No File No... Primary Registration District Registered No. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) HEREBY CERTIFY, That I attended deceased from 5A. 1F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DAYS If LESS than 1 7. AGE MONTHS day,hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? Lat. 112, We there an autopsy? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?..... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT Manner of injury..... Nature of injury..... Address) وريرج



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	istration District No
(h) Township Peles	Proper Registration District No. 30 0 29 Registered No.
(c) City Hammal (d) Street	No.
(e) Length of residence in city or town where death occurred	of No
4 11 -	yrs. mos. us. (1) How long in O. S., it of foreign birth: yrs. mos.
2. PRINT FULL NAME Mystle marc	zery Hawkins
(a) Residence, No	s, write county or city) St. (If nonresident, give city or town and State)
h.,	
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W DIVORCED (write the	DOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Temale white mark	22. I HEREBY CERTIFY, That I attended deceas
5A, 1F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	
(OR) WIFE OF	I last saw h alive on Dea
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	
	to have occurred on the date tasted above, at
	y, hrs. min. OA A Collar Da
8. Trade, profession, or particular kind of	- acuse infection require
work done, as sawyer, bookkeeper, etc	The origins chiarie
was done, as saw mill, bank, etc	10 4. 24.1
10. Date deceased last worked at this occupation (month and spent in this	
O year) occupation.	
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	Other contributory causes of importance: 6-15-38
1	
13. NAME	130 165.
14. BIRTHPLACE (CITY OR TOWN)	Name of operation Date of
(STATE OR COUNTRY)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME	23. If death was due to external causes (violence), fill in also the follow
I A	Accident, suicide, or homicide?
0 16. BIRTHPLACE (CITY OR TOWN)Σ (STATE OR COUNTRY)	Where did injury occur?
- A	(Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PLACE DATE DATE	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?.
19. FUNERAL DIRECTOR	(Signed) Lougard & Too drich
,	
20. FILED	Registrar. (Address) Tundul Tund

