

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.

25 1931

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

Do not use this space.

5366

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence St. _____ Ward _____

File No. _____
Registered No. 60

2. FULL NAME

Emmal Thomas Hawk

(a) Residence, No. 1020 South Woodland Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30-1866

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
64. 8 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor, 114
(b) General nature of industry, business, or establishment in which employed (or employer) Street Railway
(c) Name of employer So. Mass. City M.B.

9. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. A. Hawk

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

12. MAIDEN NAME OF MOTHER S. E. Morten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas Hawk
(Address) 1110 S. Woodland Independence Mo.

15. FILED 2-11, 1931 JR Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10th 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1930 to Feb 10th 1931 that I last saw him alive on Feb 9th 1931, and that death occurred, on the date stated above, at 2 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
131
92 1/2 (duration) yrs 7 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Renckymydia
(duration) yrs 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF now

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) JR Anderson M. D.
2/11/31 (Address) 805 Elmwood 760200

*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 St. Washington Cem. DATE OF BURIAL 2-11-1931

20. UNDERTAKER Wt + Mitchell ADDRESS Independence

