

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.

MAR 26 1931

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

Do not use this space.

6483

1. PLACE OF DEATH

County *Nodaway*  
Township *Park*  
City *Maryville* (No. *St. Francis Hosp.*)

Registration District No. *625*  
Primary Registration District No. *3031*

File No. \_\_\_\_\_  
Registered No. *18* (St. \_\_\_\_\_ Ward)

2. FULL NAME

*Allen Theodore 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs Emma Hawkins*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct-14-1899*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*31 4 11*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Baker 23*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer *South Side Bakery*

9. BIRTHPLACE (CITY OR TOWN) *Maryville* (STATE OR COUNTRY) *Mo 1*

10. NAME OF FATHER *Theodore Hawkins*

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

12. MAIDEN NAME OF MOTHER *Nette Allen*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) *Illinois 2*

14. INFORMANT *Mrs Theodore Hawkins* (Address) *Maryville Mo*

15. FILED *2-28-31* *C.P. Fryer* REGISTRAR *M.E.G.*

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *February 25 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 26*, 1931, to *Feb 26*, 1931, that I last saw him alive on *Feb 25*, 1931, and that death occurred, on the date stated above, at *10:20 PM*.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Right lower lobes of lung becoming Right Lower Lobar Pneumonia.*

*100* (duration) yrs. *1* mos. ds. CONTRIBUTORY (SECONDARY) *1170* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *✓*

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*

(Signed) *Chas J. Bee* M. D.

, 19 (Address) *Maryville, 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 *Miriam* DATE OF BURIAL *Feb 28, 1931*

20. UNDERTAKER *Cummings Fun Co.* ADDRESS *Maryville Mo*

