

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 15 1936

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

Do not use this space.

38705

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township St Joseph Primary Registration District No. 1001  
City St Joseph (No. 14 15 Main)

File No. ....  
Registered No. 1378  
St. .... Ward)

2. FULL NAME

Eugene Hawman  
(a) Residence, No. 1415 Main St., ..... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elyzabeth A</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 - 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>
	DAYS <u>7</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jarman</u>	
	9. 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) <u>1925</u>	
	11. Total time (years) spent in this occupation <u>49</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
FATHER	13. NAME <u>George Hawman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>	
MOTHER	15. MAIDEN NAME <u>Martha Nixon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>	
17. INFORMANT <u>Ely Hawman 1415 Main</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Proseway</u> DATE <u>1/1</u> 19 <u>36</u>		
19. UNDERTAKER <u>J. L. Dineen</u> (ADDRESS) <u>St Joseph</u>		
20. FILED <u>12-31</u> 19 <u>35</u> <u>J. M. R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30<sup>th</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:5 m.

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

Date of onset

Other contributory causes of importance ABC

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Amos H. M. Phail, M. D.  
(Address) 5208 Fredrick Ave.

