

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

Do not use this space.

40512

File No. _____
Registered No. 180 St. _____ Ward _____

1. PLACE OF DEATH

County St. Francis Registration District No. 773
Township _____ Primary Registration District No. 6018A
City _____ (No. _____) St. _____

2. FULL NAME

Edward R. Hawne

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Moore Hawne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Iron Mountain Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Rufus Hawne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Rhoda Patterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Elich Hawne
(Address) Farmington Mo

15. FILED 12-30-30 T. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1926, to _____, 1930
that I last saw him alive on Dec 23, 1930, and that death occurred, on the date stated above, at 4:00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
13!

CONTRIBUTORY (SECONDARY)

1290

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Geo. L. Watkins M. D.

12-30-30 (Address) Farmington

*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 DATE OF BURIAL

Johns Cemetery 12/30/1930

20. UNDERTAKER ADDRESS

Guided Und Co Fulton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Jan 22 1931

