

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

Do not use this space.

**APR 22 1936**

**11744**

**1. PLACE OF DEATH**

County Newton  
 Township.....  
 City Neosho (No. .... St. .... Ward)

Registration District No. 609  
 Primary Registration District No. 4363

File No. ....  
 Registered No. 46

**2. FULL NAME** Ed Hawk

(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 Auranda Hawk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hra. or ....min.  
47 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professional Baseball Player

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager

10. Date deceased last worked at this occupation (month and year) Season of 1934 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter Missouri

13. NAME Jasper Hawk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Auranda Hawk Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cem. DATE 3/28 36

19. UNDERTAKER (ADDRESS) Bryham's Neosho Mo

20. FILED 3-28 1936 Orval A. Dale, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 36

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1936, to March 26, 1936  
 I last saw him alive on March 26, 1936. Death is said to have occurred on the date stated above, at 6-2 p.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart.  
Chronic Silicosis  
 Other contributory causes of importance: None

Name of operation None Date of .....  
 What test confirmed diagnosis? Chest Was there an autopsy? .....

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?.....  
 If so, specify.....  
 (Signed) Orval A. Dale, M. D.  
 (Address) Neosho, Mo.