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.

NOV 28 1932

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

Do not use this space.

33418

1. PLACE OF DEATH
96 County St Louis — Registration District No. 788 — File No.
12 Township Central — Primary Registration District No. 4471 — Registered No. 97
8 City Webster Groves (No. 167, S. Elm St. Ward)

2. FULL NAME Mary Allen Hankins

(a) Residence, No. 122 Portland St., Ward. Webster Groves (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: W. H. Hankins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19 - 1856

7. AGE: YEARS 76 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute Indiana

FATHER
13. NAME: David Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nova Scotia Canada

MOTHER
15. MAIDEN NAME: Catherine Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allens Hill New York

17. INFORMANT (ADDRESS): Kathryn Hankins 122 Portland Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cem. DATE: Oct 19 1932

19. UNDERTAKER (ADDRESS): Parker Und Co Webster Groves

20. FILED: 10/18 1932 D. A. W. Westrup Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct - 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 - 8 - 1931, to Oct - 17 - 1932

I last saw her alive on Oct - 17 - 1932 Death is said to have occurred on the date stated above, at 3 A. m.

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

	Date of onset
Myocarditis Chronic	not known
Chronic interstitial Nephritis	
Chronic Bronchitis 13	
13	

Other contributory causes of importance:

Chronic Arthritis	6-8-31

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury: none, 19
Where did injury occur? none (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) Ralph E. Gaston, M. D.
(Address) Webster Groves, Mo