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 7 1933

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

Do not use this space.

34923

File No.
Registered No. 10

1. PLACE OF DEATH
12 County Butler
Township St. Francis
Registration District No. 990
Primary Registration District No. 3133
City (No. , St. Ward)

2. FULL NAME Sarah C. Hanks
(a) Residence, No. Poplar Bluff Gen. Dels., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James Hanks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Butler Co.
(STATE OR COUNTRY) Missouri 1

FATHER
13. NAME Geo. Dover
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31

MOTHER
15. MAIDEN NAME Minnie Miller
16. BIRTHPLACE (CITY OR TOWN) Butler Co. 1
(STATE OR COUNTRY) Missouri

17. INFORMANT James Hanks
(ADDRESS) Poplar Bluff, Mo. Gen. Del

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Nov. 29, 1932

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED Dec 1 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932, to Nov. 28, 1932
I last saw h. alive on Nov. 28, 1932. Death is said to have occurred on the date stated above, at 8:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
108	
108	

Other contributory causes of importance:

Name of operation — 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 No, 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) [signature], M. D.
(Address) Poplar Bluff Mo