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

Do not use this space.
36875

1. PLACE OF DEATH
County St Francois
Township " "
City Flat River Mo (No. ..... St. ..... Ward)

Registration District No. 774
Primary Registration District No. 0-1-8-3

File No. 320
Registered No.

94
6
6

2. FULL NAME Mary Ellen Hankins

(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.

JAN 5 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hankins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	1	1	

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

235

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Brasha Griffard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Clara Frazer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockwood Ills

17. INFORMANT Henry Hankins
(ADDRESS) FLAT RIVER MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 11-9, 1932

19. UNDERTAKER Joe Diemer
(ADDRESS) FLAT RIVER MO

20. FILED Nov 30, 1932 W. J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1932, to 11-7, 1932
I last saw h... alive on 11-6, 1932. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	11-5-32
Diabetes Insipidus	about 1930
Pulmonary Tuberculosis	about 1920
Pulmonary Hemorrhage	10-19-32

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? ... 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) Paul L. Jones, M. D.
(Address) Elvira, Mo

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.

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