

NOV 19 1937

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

Do not use this space.

38080

1. PLACE OF DEATH

County Lawrence
Township Clark
City (No.) (St.) (Ward ..)

Registration District No. 474
Primary Registration District No. 5638

File No.
Registered No.

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Child

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-31-1937

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

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

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) Lawrence Co. Mo.

13. NAME Clarence Hankins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

15. MAIDEN NAME Letha Ganton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

17. INFORMANT (ADDRESS) Mr. Clarence Hankins Center Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Interred DATE 7-9-1937

19. UNDERTAKER (ADDRESS) Morris Linnon Miller Mo.

20. FILED 10/11 1937. Mrs. Anna Wilkerson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-8- 1937, to 7-9- 1937

I last saw him alive on 7-8- 1937. Death is said

to have occurred on the date stated above, at 4 A.M.

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

Whooping cough Date of onset 6-26-37

Other contributory causes of importance: 9

Name of operation Date of

What test confirmed diagnosis? Cough Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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? no

If so, specify

(Signed) L. J. Holmes, M. D.

(Address) Waverly Mo

