REC'D OCT 5 1938

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

31608
Do not use this space.

5

1. PLACE OF DEATH
(a) County Barry 2 1 Registration District No. 31
(b) Township Butterfield. Primary Registration District No. 6240. Registered No. 24
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DEborah-E. Hankins- 59
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Granger Co Tenn.

FATHER
13. NAME John Vineyard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Margaret Nance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Horace Ferguson Butterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vineyard Cemetery DATE Sept. 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship's Monett - Purdy.

20. FILED Sept. 20, 1938 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Aug 21st, 1938
I last saw her alive on Aug 13th, 1938. Death is said to have occurred on the date stated above, at 9:45 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Caused by Blood Clot on Brain	

Other contributory causes of importance:
82a

Name of operation — 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? M
If so, specify .....
(Signed) B. B. Kelly, M. D.
(Address) Purdy Mo.

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... may be properly classified.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-210
Date Filed 10-2-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
L.H. Blankenship, or by .....
Registered Apprentice No....., working under my personal supervision.

Signed L.H. Blankenship
Licensed Embalmer No. 2397
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.