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.

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

Do not use this space.

DEC 21 1939

V 1

1. PLACE OF DEATH
County: Clinton — Registration District No.: 206
Township: — Primary Registration District No.: 4/24
City: Cathrop (No. 520 St. Ward)

File No.: 39372
Registered No.: 18

2. FULL NAME: Charles Elmer Hanks

(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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2. 1928

7. AGE: Years 11 — Months 8 — Days 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School
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): DeKalb Co. Mo

FATHER
13. NAME: Elmer H. Hanks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co Mo

MOTHER
15. MAIDEN NAME: Callie E. Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co Mo.

17. INFORMANT (ADDRESS): Elmer H. Hanks Cathrop Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cameron Mo DATE: Nov. 22, 1939

19. UNDERTAKER (ADDRESS): Ole Evans Funeral Home Cathrop Mo.

20. FILED: 11-21-1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1939 to Nov. 20 1939
I last saw him alive on Nov. 20 1939. Death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	
Rheumatism	

Name of operation: Date of:
What test confirmed diagnosis? 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, 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) T. J. Longfield M. D.
(Address) Cathrop, Mo.

RECEIVED
District Health Officer No. 44
District Fi... 12391769
DEC 18 1939