

FILED SEP 26 1949

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

Do not use this space.

## 1. PLACE OF DEATH

County Shannon  
Township Winona, Rural  
City..... (No....., ..... St..... Ward.....)

Registration District No. 336  
Primary Registration District No. 6137

File No. 32714  
Registered No. 30

2. FULL NAME Anna Alma 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.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF deceased6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 8 26

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.  
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) Gasconade Co. Mo.13. NAME Charles Paasch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Frank Smith Winona Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery 9-13 4919. UNDERTAKER (ADDRESS) Phil A Leuckel Van Buren, Mo20. FILED 9-17 1949 H. B. Kell Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1949

22. I HEREBY CERTIFY, That I attended deceased from June 12 1949, to Aug 21 1949  
I last saw her alive on Aug 21 1949 Death is said to have occurred on the date stated above, at 4.10 am  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset

Other contributory causes of importance:  
chronic myocarditis

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?.....

If so, specify.....  
(Signed) H. D. Rollins, M. D.  
(Address) 20 in on a me

CAUSE OF DEATH in plain terms, so that it may be properly understood.

RECEIVED 9/22/49  
District Health Officer No. 5,  
District File Number 949624  
Date Filed 9/23/49

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