L 28 1927

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Concord
City ..... (No. ..... St. ..... Ward)

Registration District No. 653
Primary Registration District No. 5865

File No. 19099
Registered No. 61

2. FULL NAME Wyley Hankins, Jr.
(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.

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.

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) Dec. 12, 1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	6	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Hayti, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wyley O. Hankins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hayward Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mabel Clara Shuckel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alton, Ind.
(STATE OR COUNTRY)

14. INFORMANT Wyley O. Hankins
(Address) Hayti, Mo.

15. FILED 6-27-1927 J. W. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1927, to June 27, 1927 that I last saw him alive on June 25, 1927, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis

1196 113B

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Johnson, M. D
6/27/, 1927 (Address) Hayti, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Dry Bayou Cemetery
DATE OF BURIAL: 6/28/1927

20. UNDERTAKER: G. W. Dorris
ADDRESS: Hayti, Mo.