WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

28537

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 819 N. Nineteenth St. St. ..... Ward)

File No. .....

Registered No. 8067

2. FULL NAME William M. Hankins

(a) Residence. No. 819 N. 19th St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 30, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	0	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer W. A. Caulfield

9. BIRTHPLACE (CITY OR TOWN) Paris
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ??
(STATE OR COUNTRY) ??

12. MAIDEN NAME OF MOTHER ??

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ??
(STATE OR COUNTRY) ??

14. INFORMANT Wm. C. Hankins
(Address) 819 N. 19th St.

15. FILED SEP 11 1927 Max C. Starkey
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1926, to Sept. 10, 1927 that I last saw ~~[illegible]~~ alive on Sept. 6, 1927, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

131

97 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1292

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Caulfield, M. D.

, 19 (Address) 1601 S. Grand

*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	DATE OF BURIAL
Valhalla Cem	Sept. 12 1927
20. UNDERTAKER	**ADDRESS**
A. Kron L. & U. Co	2707 N. Grand