

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

Do not use this space.

15783

**1. PLACE OF DEATH**

County Buchanan Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. F  
 City St Joseph (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 534

**2. FULL NAME Jessie Raymond Hankins**

(a) Residence, No. Wellington Mo. 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 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) July 6, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. River worker

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) April 1934 11. Total time (years) spent in this occupation 14 days

12. BIRTHPLACE (CITY OR TOWN) Critton (STATE OR COUNTRY) Missouri

13. NAME John W. Hankins

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Texas

15. MAIDEN NAME Zona Gvines

16. BIRTHPLACE (CITY OR TOWN) Rocky Mountain (STATE OR COUNTRY) Missouri

17. INFORMANT George Hankins (ADDRESS) Wellington Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo. DATE May 5 19. 34

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St Joseph Missouri

20. FILED 5-4-34 John H. Reader Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from May 3, 19 34, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Injured accidentally while  
working on river work  
near Forked mo.

Other contributory causes of importance:  
Rope broke while dragging pole  
used as river work

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 4/30, 19 34

Where did injury occur? Walk on near Forked  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Industry River work  
 Manner of injury Dragging pole rope broke  
 Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify Ironing Thomas Coroner  
 (Signed) \_\_\_\_\_ M. D.

(Address) 731 Seaton

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.

JUN 20 1934

