

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

Do not use this space.

1. PLACE OF DEATH

County Perris cot Registration District No. 653
 Township Pray, Adams Primary Registration District No. 5871
 City..... (No.....) St..... Ward.....

File No. 17621
 Registered No. 66

2. FULL NAME

Wilma Jean 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 F 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) April-10-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, / hrs. or / min.
7 1 11

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

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) Hamilton Ala.

13. NAME J. H. Hankins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Ala.

15. MAIDEN NAME Lela Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Ala.

17. INFORMANT J. H. Hankins

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamilton, Ala. DATE 5/22/1934

19. UNDERTAKER Baldwin Funeral Home (ADDRESS) Kennett, Mo.

20. FILED 5/22 1934 Judith E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934 to May 21, 1934
 I last saw her alive on May 21, 1934 Death is said to have occurred on the date stated above, at 1 P.M.

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

Gastro Enteritis Date of onset 7/14

Other contributory causes of importance: 1203 1910

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? no

If so, specify Acid J. Green (Signed)..... M. D.

(Address) Praying 710

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 25 1934

for Dr. J. W. Johnson - Deceased

