

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.

OCT 17 1934
 4941 Westwood Road,
 (Professional Bldg)

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

Do not use this space.

32983

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Wentworth Primary Registration District No. 1002
 City Kansas City (No. 1002) Mercy Hospital

File No. _____
 Registered No. 4321
 St. _____ Ward _____

2. FULL NAME Ronna Hankins

(a) Residence, No. _____ St. _____ Ward. Richmond Mo
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF School Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1921
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 7 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
 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) Richmond Mo

FATHER 13. NAME Dan Hankins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri

MOTHER 15. MAIDEN NAME Lennie Bryan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri

17. INFORMANT Dr. J. M. Crowe
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Spring Grove DATE September 7 1934

19. UNDERTAKER W. M. Crowe
 (ADDRESS) Richmond Mo

20. FILED 9-24-34 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1934
 22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934, to Sept 23, 1934
 I last saw her alive on Sept 23, 1934. Death is said to have occurred on the date stated above, at 4:30 PM.
 The principal cause of death and related causes of importance were as follows:

Endocarditis
Chronic Endocarditis
 Other contributory causes of importance: None

Name of operation none 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. M. Bulky, M. D.
 (Address) 1316 Professional

