

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 25 1937

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

Do not use this space

1. PLACE OF DEATH

County

Township

City

Ray
Richmond
No

Registration District No.

Primary Registration District No.

746
5976B

File No.

Registered No.

St.

Ward

35104

86

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

John S. Hankins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-37, 19

male

white

Widowed

22. I HEREBY CERTIFY, That I attended deceased from

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

8-1-37, 19, to 9-22-37, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

I last saw him alive on 9-22-37, 19. Death is said

to have occurred on the date stated above, at 7 a. m.

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

Carcinoma of Prostate Date of onset

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

Farmer

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)

June 1937

11. Total time (years) spent in this occupation

1 1/2

Other contributory causes of importance

arteriosclerosis
hypertension
Senility

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

Ray, Mo

13. NAME

Richard Hankins

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

Tenn

15. MAIDEN NAME

Nancy Philips

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

Tenn

17. INFORMANT (ADDRESS)

Tom Hankins
Ray, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union

DATE

Sept 29, 1937

19. UNDERTAKER (ADDRESS)

J. E. Broadhurst
Ray, Mo

20. FILED

Oct 11, 1937

Harold B. McDonald

Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. M. Hoff
Richmond, Mo

M. D.

