

James W. Hankins - s/o Albert Hankins & Isabella Jane Goodloe

Form V. S. 1-54m-8-23-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 19
Registered No. 8056

1 PLACE OF DEATH
County Webster

Vot. Pot. 7845

Registration District No. 1455

File No. 19

Registered No. 8056

Inc. Town _____ Primary Registration District No. 2578

City Bowling Green St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Hankins

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M. 4 COLOR OR RACE W 5 Single Married Widowed or Divorced
(Write the word)

16 DATE OF DEATH 3-15-30 1930
(Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from _____, 1930, to _____, 1930

6 DATE OF BIRTH July 28-1860
(Month) (Day) (Year)

that I last saw him alive on March 15-1930 and that death occurred on the date stated above at 12:30 m. The CAUSE OF DEATH* was as follows:

7 AGE 69 yrs. 7 mos. 26 ds. IF LESS than 1 day _____ hrs. or _____ min?

Heart failure with
congestive heart failure
(Duration) 6 yrs. 6 mos. 6 ds.

8 OCCUPATION OF DECEASED Coal Miner
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Ky. (State or country)

18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____

10 NAME OF FATHER Albert Hankins

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) Douglas (State or country)

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER Isabella Jane Goodloe

What test confirmed diagnosis? _____

13 BIRTHPLACE OF MOTHER (city or town) Ky. (State or country)

(Signed) _____ M. D. _____ (Address) _____

14 (Informant) Marj D. Elders

*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. (See reverse side for additional space.)

(Address) _____

15 Filed 3-16-30 Marj D. Elders Registrar

19 PLACE OF BURIAL OR REMOVAL Bowling Green DATE OF BURIAL 3-16-30

20 UNDERTAKER W. W. McLaughlin ADDRESS Bowling Green

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