

John Houston Hankins - s/o Albert Hankins & Isabella Jane Goodloe

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		File no. <u>26054</u>
1. PLACE OF DEATH		Department of Health		Registered No. _____
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		
County <u>Webster</u>	Reg. District No. <u>1455</u>			
Vat. Pct. <u>New Providence</u>	Primary Registration District No. <u>2851 2078</u>			
Inc. Town _____				
City <u>Providence</u>	(No. _____ St. _____ Ward _____)			
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME <u>John Hankins</u>		IF VETERAN, WHAT WART _____		
(n) Residence No. <u>Providence, Ky</u>		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. da.		How long in U. S., if of foreign birth yrs. mos. da.		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>June 10 1938</u>
6. DATE OF BIRTH <u>Aug. 24, 1893</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>June 1 1938 to June 30 1938</u>		
7. AGE Years <u>44</u> Months <u>9</u> Days <u>16</u>		I last saw him alive on <u>June 30, 1938</u> . Death is said to have occurred on the date stated above, at <u>7:30 P.M.</u>		
8. Trade, profession, or particular kind of work done, as spinner, seaman, bookkeeper, etc.		The principal cause of death and related causes of importance in order of cause, were as follows: <u>Coronary &amp; Small Pox</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Retired miller</u>		Date of onset _____		
10. Date deceased last worked at this occupation (month and year) _____		Contributory causes of importance not related to principal cause: <u>This man died of a well marked case of smallpox &amp; was properly reported to County Health Dept.</u>		
11. Total time (years) spent in this occupation _____		Name of operation _____ Date of _____		
12. BIRTHPLACE <u>Hankins Co - Ky.</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
13. NAME <u>Albert Hankins</u>		23. If death was due to external causes (violence) or to any of the following: Accident, suicide, or homicide? _____ date of injury _____ 19____		
14. BIRTHPLACE <u>Ky.</u>		Where did injury occur? _____ (Specify city or town, county and State)		
15. MAIDEN NAME <u>Jannin Goodloe</u>		Specify whether injury occurred in industry, in _____ or in public place.		
16. BIRTHPLACE <u>Ky.</u>		Manner of injury _____		
17. INFORMANT <u>Mrs. John Hankins</u>		Nature of injury _____		
(Address) <u>Providence, Ky.</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Loef Madisonville</u> Date <u>June 11, 1938</u>		(Signed) <u>W. D. Elder</u> M. D.		
19. UNDERTAKER <u>Jay F. Federal Home</u>		(Address) <u>Providence, Ky.</u>		
(Address) <u>Providence, Ky.</u>				
20. FILED <u>June 11, 1938</u> <u>W. D. Elder</u> Registrar				