

Thomas Leander "Lee" Hankins - s/o Albert Hankins & Isabella Jane Goodloe

FAMILIARITY. PHYSICIANS should be familiar with the classification of OCCUPATION is very

that it may be properly classified. Exact

See instructions on back of certificate.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.

Form V, S. 1928-1-27-27

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

File No. **12076**
Registered No. **76**

1 PLACE OF DEATH -
County Hankins
Vol. High School Registration District No. 780
Inc. Town _____ Primary Registration District No. 2265
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Lee 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			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W.</u>	5 Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word)	16 DATE OF DEATH <u>April 23</u> , 19 <u>29</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 10</u> , 19 <u>29</u> , to <u>Apr 27</u> , 19 <u>29</u> , that I last saw him alive on <u>Apr 22</u> , 19 <u>29</u> , and that death occurred on the date stated above at <u>3 P.M.</u> The CAUSE OF DEATH* was as follows:	
6a If married, widowed, or divorced HUSBAND of <u>Wm. D. Hankins</u> (or) WIFE of _____	6 DATE OF BIRTH <u>June 13</u> , 18 <u>58</u> (Month) (Day) (Year)	7 AGE <u>70</u> yrs. <u>10</u> mos. <u>11</u> ds. IF LESS than 1 day _____ hrs. or _____ min?	<u>Diabetes melitus</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Minister of Gospel.</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			Contributory <u>Bleeding of 241 feet</u> (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (city or town) (State or country) <u>Ky.</u>			18 WHERE WAS DISEASE CONTRACTED if not at place of death? _____ Did an _____ action precede death? _____ Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>clinical</u> (Signed) <u>James D. Boyd, M. D.</u> <u>4-24-1929.</u> (Address)		
PARENTS	10 NAME OF FATHER <u>Albert Hankins</u>	19 PLACE OF BURIAL OR REMOVAL <u>Interment Cem</u> DATE OF BURIAL <u>Apr 24, 29</u>			
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ky.</u>	20 UNDERTAKER <u>W.D. Springfield</u> ADDRESS <u>Madisonville</u>			
	12 MAIDEN NAME OF MOTHER <u>Isabella Goodloe</u>				
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky.</u>				
14 (Informant) <u>Wm. D. Hankins</u> <u>704 1/2 West 1st Madisonville</u>					
15 Filed <u>4-25-29</u> <u>9 E. Craig</u> Registrar					

Dr. Boyd.