

Samantha A. Petty Hankins - d/o John R. Petty & Margaret Thomas

Roy Robinson

1387

State File No. _____
Registrar's No. 18

Form T. R. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 790 Primary Registration District No. 2265

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.

1. PLACE OF DEATH: (a) County <u>Hopkins</u> (b) City or town <u>Madisonville, Ky.</u> (c) Name of hospital or institution: <u>Hopkins Co. Hospital</u> (d) Length of stay: In hospital or community <u>6 days</u>		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Hopkins</u> (c) City or town <u>Madisonville, Ky.</u> (d) Street No. <u>704 West Broadway</u> (e) If foreign born, how long in U. S. A. ? <u>year</u>	
3(a) FULL NAME <u>Samantha Argalene Hankins</u> 3(b) If veteran, _____ 3(c) Social Security No. _____ Name was _____		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>Jan. 7</u> 19 <u>44</u> 21. I hereby certify that I attended the deceased from <u>12/31</u> 19 <u>43</u> to <u>Jan 2</u> 19 <u>44</u> that I last saw him alive on <u>Jan 2</u> 19 <u>44</u> and that death occurred on the date stated above at <u>1:20 A.M.</u> Immediate cause of death <u>Influenza</u> DURATION _____ Due to _____ Other conditions _____ (include pregnancy within 3 months of death) Major findings: Of operations _____ Of autopsy _____	
4. Sex <u>Female</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>Widowed</u> 6(b) Name of husband or wife <u>John Hankins</u> 6(c) Age of husband or wife at death <u>not living</u> Years _____ 7. Birth date of deceased <u>April 3</u> 18 <u>96</u> (Month) (Day) (Year) 8. AGE: Years <u>47</u> Months <u>9</u> Days <u>4</u> If less than one day hr. _____ min. _____ 9. Birthplace <u>Georgia</u> 10. Usual occupation <u>Housewifery</u> 11. Industry or business _____		12. Name <u>John R. Petty</u> 13. Birthplace <u>Georgia</u> 14. Maiden name <u>Mary Ann Thomas</u> 15. Birthplace <u>Georgia</u> 16(a) Informant's own signature <u>Mrs. Helen Maryann</u> (b) Address <u>Morton Gap, Ky.</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Grapesville, Ky.</u> Date <u>Jan 9</u> 19 <u>44</u> 18(a) Signature of funeral director <u>Barnett Funeral Home</u> (b) Address <u>Madisonville, Ky.</u> 19(a) <u>1-29-44</u> (b) _____ (c) _____ (Date received by local registrar) (Registrar's signature)	
19(c) _____ (Date received by local registrar) (b) _____ (Registrar's signature)		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place) (d) Name of injury _____ 23. Signature <u>Roy Robinson</u> (M. D. or other) _____ Date signed <u>1/2/44</u>	