

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenburg
Vet. Pct. Penrod
Inc. Town _____
City _____ (No. _____ St., _____ Ward)

File No. 29664

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Robert Hankins

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Oct 10, 1874</u> (Month) (Day) (Year)		
7 AGE <u>40 yrs. 1 mos. 11 ds.</u>		If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work... <u>Trummer</u> (b) General nature of industry business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Muhlenburg Co</u>		
PARENTS	10 NAME OF FATHER <u>John Hankins</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Luthers</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Buller Co Ky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. S. Posey
(Address) S. H. M... Ky

15 Filed Nov 20, 1914 M. P. B... R...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Nov 21, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from from, 1913., to Nov. 20, 1914., that I last saw him alive on Nov. 20, 1914., and that death occurred, on the date stated above, at 6 am, The CAUSE OF DEATH* was as follows:

Tuberculosis Lung

(Duration) 3 yrs. ... mos. ... ds.

Contributory (SECONDARY)
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. G. Turner, M. D.
Nov 24, 1914 (Address) Trummer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191...

20 UNDERTAKER Dallas Pector ADDRESS Trummer, Ky

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information 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. See instructions on back of certificate.