MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH
County: Franklin
Township: Dalton
City: ..... (No. ..... St. ..... Ward)

Registration District No.: 290
Primary Registration District No.: 5456

File No.:
Registered No.:

2. FULL NAME: Mrs. Cora D. Hankey

(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

3. SEX: Fem.
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jacob Hankey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 13 1873

7. AGE: Years 45 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Mo
(STATE OR COUNTRY):

PARENTS

10. NAME OF FATHER: Leake Halbrook
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: Lloyd Hankey
(Address): Dalton Mo R 2

15. FILED: 1-9-1929 E. L. Spence
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929, to Jan. 9, 1929, that I last saw h.. alive on Jan. 3, 1929, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy
11B
85 (duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Flu
(duration) ..... yrs. 5 or 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: HB
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No. DATE OF: —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Raydon, M. D.
Jan. 9. 1929 (Address) Kahmah Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mark Cem. | DATE OF BURIAL: Jan 10, 1929

20. UNDERTAKER: County Coffin | ADDRESS:

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.

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Dunklin — Registration District No. 290 — File No.

Township Salem — Primary Registration District No. 5408 — Registered No. 28

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Cora Sharkey

(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

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob Sharkey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 13-1883

7. AGE: Years 45 — Months 6 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Zeake Hallcook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Loyd Trepp
(Address) Senath Mo R. 3

15. FILED 4-1, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): JAN 9. 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1929 to Jan 9, 1929 that I last saw her alive on Jan 5, 1929 and that death occurred, on the date stated above, at 8.00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Flu

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? NO. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) T. J. Rigdon, M. D

Jan 9, 1929 (Address) Kennett.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marsh Cem. — DATE OF BURIAL: Jan 10 1929

20. UNDERTAKER: County Coffin — ADDRESS

SUPPLEMENTARY

...E PLAINLY, WITH ... THIS IS A PERMANENT RECORD
...of information should be car... ...GE should be stated EXACTLY. PHYSICIANS sho...
...TH in plain terms, so that it m... ...lassified. Exact statement of OCCUPATION is very im...
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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