

WRITE PLAINLY, 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.

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

Do not use this space.

APR 17 1935

8768

1. PLACE OF DEATH *Greene*

County.....
Township.....
City.....

Registration District No. *318*
Primary Registration District No. *200*
(No. *1006 W. Florida*)

File No. *130*
Registered No.....
St. Ward.....

2. FULL NAME

(a) Residence, No. *1006 W. Florida* 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

SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widow</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 23 - 1844</i>			
7. AGE	YEARS <i>90</i>	MONTHS <i>2</i>	DAYS <i>13</i>
		IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>In home</i>		
	10. Data deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <i>—</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Owens Co. Ind.</i>			
FATHER	13. NAME <i>Abington Hancock</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
MOTHER	15. MAIDEN NAME <i>Lena Hancock</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT (ADDRESS) <i>Mrs. Lona Hancock Springfield, Mo.</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Landacker Cemetery</i> DATE <i>March 7</i> , 19 <i>35</i>			
19. UNDERTAKER (ADDRESS) <i>W. H. King & Co. Springfield, Mo.</i>			
20. FILED <i>3-6</i> 19 <i>35</i> <i>R. W. Langston</i> Registrar			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *May 12*, 1935, to *March 4*, 1935
I last saw her alive on *Jan. 1, 1935*. Death is said to have occurred on the date stated above, at *5:25A* m.
The principal cause of death and related causes of importance were as follows:
Chronic Hepatitis

Date of onset

Other contributory causes of importance:
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Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *G. A. Meyer, M. D.*
(Address) *570 1/2 E. Comm. Springfield, Mo.*

