

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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

PLACE OF DEATH

County Joppat
Township Dorcasie
or
Village
or
City

Registration District No. 416 File No. 30929

Primary Registration District No. 557113 Registered No. 35

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Ethel Hancock

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)
DATE OF BIRTH March 10, 1879
(Month) (Day) (Year)

AGE 36 yrs. 8 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Castonville Colorado

PARENTS
NAME OF FATHER J. P. Stockton
BIRTHPLACE OF FATHER (City or town, State or foreign country) Dade Co. Mo.
MAIDEN NAME OF MOTHER Chattie O. Simpson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dade Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant) J. P. Stockton

ADDRESS) Dorcasie, Mo.

PLACE OF BIRTH OF FATHER (City or town, State or foreign country) St. Louis, Mo.
REGISTRAR Ed. L. Bennett

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1914, to Oct 30, 1915, that I last saw her alive on Oct 30, 1915, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

73 A
(Duration) 3 yrs. 28 mos. ds.

Contributory (SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Leroy Simpson M. D.
Oct 31, 1915 (Address) Dorcasie, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

PLACE OF BURIAL OR REMOVAL Round Grove DATE OF BURIAL Nov 2, 1915

UNDERTAKER Ed. L. Bennett ADDRESS Dorcasie, Mo.

