

SEP 27 1927

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

Do not use this space.

23751

1. PLACE OF DEATH

County Callaway.
Township Fulton.
City ~~Fulton~~ (No. _____)

Registration District No. 104
Primary Registration District No. 5153

File No. _____
Registered No. 174
St. _____ Ward _____

2. FULL NAME Ima Jane Hancock, (Hancock)

(a) Residence, No. _____ St., _____ Ward, _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont Know.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7th. 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>6</u>	<u>22</u>	

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) DO
(c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Richard Rence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Jane Davis.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

14. INFORMANT Ellwood Rence
(Address) A. F. D. Millersburg, Mo.

15. Aug 30 1927 R. V. Crew
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1927

17. As coroner of Fulton
I HEREBY CERTIFY, That I attended deceased from the body, 19____, to _____, 19____, that I last saw h. _____ alive on Aug 29th, 1927, and that death occurred, on the date stated above, at About 9:30 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
disease of heart

950
Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophy + dilatation of heart
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
900
IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. H. Christian M. D.
, 19____ (Address) Fulton 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 Millersburg Demetery. DATE OF BURIAL 8-31-27 19

20. UNDERTAKER Herndon-Taylor Furn-Co. ADDRESS Fulton, Mo

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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