

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

Do not use this space.

20

10691 ~~121~~

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....  
Township..... Primary Registration District No. 1003 Registered No. 2489  
City St. Louis (No. Barnes) (City or Town) (St. Ward)

2. FULL NAME

Thomas S. Hancock  
(a) Residence. No. 4332 McPherson St. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred City yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-5-1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. Scott Hancock

17. I HEREBY CERTIFY, That I attended deceased from 9-4, 1928, to 3-5, 1928 that I last saw h.e.r. alive on 2-5, 1928, and that death occurred, on the date stated above, at 7:40 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21<sup>st</sup> 1877

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia  
Pulmonary Edema  
1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50. 6. 14.

CONTRIBUTORY (SECONDARY) 107A Pyelitis (duration) yrs. mos. ds. 3

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

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? No DATE OF

10. NAME OF FATHER Horatio Spence

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 3-7-1928

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

20. UNDERTAKER B. R. Rupton ADDRESS 4449 Olive Street

12. MAIDEN NAME OF MOTHER Anna Kirkland

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

14. INFORMANT H. Scott Hancock (Address) #4332 McPherson

15. FILED APR - 6 1928 May 6 Stark REGISTRAR

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

