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

Do not use this space.

15083

File No. 4005

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. 2746 Magnolia Av St. Ward)

2. FULL NAME Norman Hancock

(a) Residence. No. 2746 Magnolia St. 124 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19-1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	7	22	

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

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

PARENTS

10. NAME OF FATHER Sidney Hancock

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

12. MAIDEN NAME OF MOTHER Anna Fetterman

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

14. INFORMANT Sidney Hancock
(Address) 2746 Magnolia

15. FILED 19 May C Stirling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10-1928

17. I HEREBY CERTIFY, That I attended deceased from April 6th 1928 to April 6th 1928 that I last saw him alive on April 10th 1928, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1198 Gastroenteritis
8d. 113 C Convulsions
(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 8

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D Robert Reeder M.D.
April 6th 1928 (Address) 1012 Geyer Av

*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: St Mathews Cemetery
DATE OF BURIAL: April 12 1928

20. UNDERTAKER: A H Gebhardt Inc - Undtkr 2600 Gravois Av
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.