

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **25597**

Township.....

Primary Registration District No. **1003**

Registered No. **7414**

City **St. Louis**

(No. **Eastworth City, Ward #1**)

St. **1** (Ward)

2. FULL NAME

Violet Hancock

(a) Residence No. **1442 N. 14th St.** St. **15** Ward.

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan - 18 - 1928**

7. AGE YEARS **5** MONTHS **5** DAYS **28** If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Child 107**
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Louis Hancock**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ches. Slovak.**

12. MAIDEN NAME OF MOTHER **Bessie Jones.**

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

14. INFORMANT **Bessie Hancock.**

(Address) **1444 N. 14th St.**

15. FILED **1928 May 27** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 16 1928**

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., and that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at **7407**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branches Primary pneumonia (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTACTED **1000** IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kerner, M.D.**
7/17, 1928 (Address) **Dep. Cora**

*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 DATE OF BURIAL

Ruckeyville Del. **7/19 1928**

20. UNDERTAKER ADDRESS

Southern N. & L Co **7318 S. Bidway**

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.

