

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

425
2
MAR 22 1932

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

Do not use this space.

4427

1. PLACE OF DEATH

County Henry Co.
Township
City Windsor Mo.

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 3
St. Ward)

2. FULL NAME

(a) Residence, No. 7 German Belongo H. Suscibito St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed
10. Date deceased last worked at this occupation (month and year) 11/4/32 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crittenden Mo.

MOTHER FATHER 13. NAME Maime G. Hancock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawnee Mo.

15. MAIDEN NAME Eliza Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawnee Mo.

17. INFORMANT (ADDRESS) Nelly G. Hancock

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE Feb 7 1932

19. UNDERTAKER (ADDRESS) Roaf & Peck Funeral Home

20. FILED Feb 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 to Feb 6 1932
I last saw him alive on Feb 5 1932 Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset: Right
Left
Unwed

Other contributory causes of importance: 23

Name of operation
What test confirmed diagnosis? Smear Date of 1
Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. J. Jennings M. D.
(Address) Windsor Mo

