

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.

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

Do not use this space.

1-8688

1. PLACE OF DEATH

County Jackson Registration District No. 39
Township New Primary Registration District No. 1000
City N. E. Mo. (No. N. E. Terminal yards, St. 1223 Ward)

File No. _____
Registered No. 1223

2. FULL NAME

Eugene P. Hancock
(a) Residence, No. 12716 Brooklyn St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lola E. Hancock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-27 1893</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>5</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>switchman fireman N.E. Terminal R. Ry</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Terminal R. Ry</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

13. NAME Jas. P. Hancock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Mary E. Overton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Lola Hancock

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Wash DATE Mar 25 1932

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster

20. FILED 3/24 1932 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-23-1932

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

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

accidental fall from roof Date of onset _____

Other contributory causes of importance: 20 ft

fall from train while working

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 city or town, county, and State)

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? _____

If so, specify _____

(Signed) Stanley M. Hae M. D.
(Address) Regency corner

SEP 12 1945