

OCT 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph. (No. Sunnyslope Hospital) St. _____ Ward _____

File No. 35256
 Registered No. 1123

2. FULL NAME

Mary Lou Hancock

(a) Residence, No. Washington Twp. 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 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) June, 17, 1924		
7. AGE	YEARS	MONTHS
	10	3
		DAYS
		21
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	In School.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Lindbergh School.
	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) **St. Joseph, Mo.**

FATHER 13. NAME **John E. Hancock**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wagner, Okla.**

MOTHER 15. MAIDEN NAME **Helen Jessee**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Howe, Neb.**

17. INFORMANT **John E. Hancock**
(ADDRESS) **Sta. B. St. Joseph.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Ashland Cemetery** DATE **Oct. 9, 1934.**

19. UNDERTAKER (ADDRESS) **Walter Meierhoffer**
1302 Aaron St. St. Joseph, Mo.

20. FILED **10-9-** 19 **34** **John R. Bender**
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 8, 1934** 19

22. I HEREBY CERTIFY, That I attended deceased from **10/7** 19**34** to **10/7** 19**34**
 I last saw her alive on **10/7** 19**34** Death is said to have occurred on the date stated above, at **1.35** m. A.M.
 The principal cause of death and related causes of importance were as follows:

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

10 Diphtheria
10.5A
10
 Other contributory causes of importance:

Meningitis acute
Tracheostomy
 Name of operation **microscopic** Date of **10/7/34**
 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) **C. S. Brown**, M. D.
 (Address) **Kirkpatrick Bldg, St. Joseph,**

RECORD WITH OBTAINING 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.

