

JAN 8 1935

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

Do not use this space.

43523

1. PLACE OF DEATH

County Laurance
Township Mt Vernon
City (No. 5633)

Registration District No. 1240
Primary Registration District No. 4283

File No. _____
Registered No. 100 St. _____ Ward)

2. FULL NAME

Fern Hancock

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2nd 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>45</u>	<u>3</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hauskeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Kansas

13. NAME R.E. Squires

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

15. MAIDEN NAME Christina Kendall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of N.Y.

17. INFORMANT (ADDRESS) R.E. Squires
Wadsworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington, Mo. DATE Dec 4, 1934

19. UNDERTAKER (ADDRESS) Phillips & Fossett
Mt Vernon, Mo.

20. FILED Dec 3, 1934 P.A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934, to Dec 1st, 1934
I last saw him alive on Nov 30, 1934. Death is said to have occurred on the date stated above, at 6:35 P.M.
The principal cause of death and related causes of importance were as follows:

Asthma
112
112
Other contributory causes of importance:
Heart failure and to prolonged use of Adonidin.

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) T.B. De Band M.D.
(Address) Mt. Vernon, Mo.

WRITE PEAINLY, 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.

