AUG 20 1935

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

Do not use this space.

24027

File No.

Registered No. 73

1. PLACE OF DEATH

County Phelps — Registration District No. 677

Township — Primary Registration District No. 4403

City Rolla (No. Rolla Hospital St. Ward)

2. FULL NAME Wade Hancock

(a) Residence, No. Dixon, Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock, Mo

FATHER

13. NAME Gilbert Hancock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock, Mo

MOTHER

15. MAIDEN NAME Emaline Jennings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County Mo

17. INFORMANT R.W. Anderson (ADDRESS) Dixon, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dixon, Mo. DATE July 27, 1935

19. UNDERTAKER Fred Gilbert (ADDRESS) Dixon, Mo

20. FILED July 27, 1935 Geo. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to July 26, 1935. I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 12:50 P.M.

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

Obstruction of Bowels. Cause looping of ileum

Date of onset

Other contributory causes of importance:

Name of operation Exploratory 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) A. Jeffrey McFarland, M. D.

(Address) Rolla Mo.

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.

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