

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

31216

17-39
SEP 29 1936

1. PLACE OF DEATH

Jackson.
County
Kaw.
Township
Kansas City Mo.,
City (No. _____)

Registration District No. _____
Primary Registration District No. _____
2937 Wyandotte St.

File No. _____
Registered No. 4016
St. _____ Ward)

2. FULL NAME Mrs. Mary Eugenia Hancock.

(a) Residence, No. 2937 Wyandotte St., _____ 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) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 26th 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
87 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. House wife.
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) Pawhatan Co. Virginia
(STATE OR COUNTRY)

FATHER 13. NAME Wilson Winfree
14. BIRTHPLACE (CITY OR TOWN) Virginia.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Sallee
16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT Mrs. G.H. Blake
(ADDRESS) 2937 Wyandotte St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville Mo., DATE 8-30-36

19. UNDERTAKER J. V. EAST BUNDRAL, HOME, Inc.
(ADDRESS) 3146 Main St.

20. FILED 8-29, 1936 M. M. Brown and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28th 36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936, to Aug 26, 1936

I last saw her alive on Aug 26, 1936. Death is said to have occurred on the date stated above, at _____ m. No

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

Cardiac failure (Myocardial insufficiency) Date of onset ?

Other contributory causes of importance:

Stimulants

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 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? No
If so, specify _____

(Signed) Chester E. Young, M. D.
(Address) Brotherhood Bldg.

I last saw patient about Aug 26 & did not see patient after death

Dr Chester L Young