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.

OCT 5 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35804

Township ..... Primary Registration District No. 1003 Registered No. 9425

City St. Louis (No. 2862a S. Jefferson St. ..... Ward)

2. FULL NAME Gilbert H. Hancock

(a) Residence, No. 2862a S. Jefferson St., 24 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 16 1877

7. AGE: YEARS 59 | MONTHS 5 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carpenter
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): Writewater Mo.

FATHER

13. NAME: Unknown Hancock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Audrey Hancock 2862a S. Jefferson Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tunica, Mo. DATE Sept 14, 1936

19. UNDERTAKER (ADDRESS): Witt Bros. L. & U. Co. 2929 S. Jefferson

20. FILED SEP 14 1936 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1936, to Sep. 13th, 1936. I last saw him alive on Sep 12th, 1936. Death is said to have occurred on the date stated above, at 7 10/a m.

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

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Bronchial Asthma	"

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? —

If so, specify —

(Signed) J. T. Keyton, M. D.

(Address) 3430 S. Jefferson Ave.

9 to 11 [illegible]

3430 S. Jeff

Dr. Keylon