REC'D SEP 28 1938

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

30090
Do not use this space.

1. PLACE OF DEATH
(a) County Saline Registration District No. 799
(b) Township Primary Registration District No. 4479 Registered No. 37
(c) City Slater (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Olive Entrekin 5 9 6
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED~~ WIDOWED, OR ~~DIVORCED~~ (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1855
7. AGE YEARS 83 MONTHS 1 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
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) Sweet Springs Saline Co Mo

FATHER
13. NAME Wm L Hancock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Nancy Jane Daniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Frank Entrekin Slater Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackburn DATE Aug 10 38
19. FUNERAL DIRECTOR (ADDRESS) Jones & Halsey Slater Mo
20. FILED Aug 9 1938 W M Trimble Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Aug 8, 1938
I last saw her alive on Aug 8 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82 a	

Other contributory causes of importance: Arterio Sclerosis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —
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) M. C. Duggins, M. D.
(Address) Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CEIVED
strict Health Officer No. 8,
strict File Number 9/3/38
ate Filed

STATEMENT BY LICENSED EMBALMER

I, James E Jones, Licensed Embalmer No. 3/4

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jones Ed Sal

Licensed Embalmer No. 3/

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

Dr J E Jon