

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

Do not use this space.

42037

*AG*  
JAN 28 1928

PLACE OF DEATH

County *Jettie*  
Township *Mitchell*  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. *669*  
Primary Registration District No. *5899*

File No. \_\_\_\_\_  
Registered No. *14*  
St. \_\_\_\_\_ Ward)

2. FULL NAME

*John William Mock*

(a) Residence. No. *Route 7 Sedalia* St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 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 *Zena Mock*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 27-1877*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hr. or _____ min.
<i>51</i>	<i>0</i>	<i>14</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*  
(b) General nature of industry, business, or establishment in which employed (or employee) *at home*  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) *Morgan Co Mo*

10. NAME OF FATHER *Frank Mock*

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) *Do not know*

12. MAIDEN NAME OF MOTHER *Lucy Ford*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) *Do not know*

14. INFORMANT (Address) *Mrs Zettie Mock Route 7 Sedalia Mo*

15. FILED *Dec 15 1928* *Mrs J L Monsees* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 9 1928*

17. I HEREBY CERTIFY That I attended deceased from *Nov 24*, 1928, to *Dec 9*, 1928 that I last saw him alive on *Dec 9*, 1928, and that death occurred, on the date stated above, at *a* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:-

*Coronary Arteriosclerosis*  
*T.B.O.W.*  
CONTRIBUTORY (SECONDARY) *patent emboli*  
*Dec 5/28* (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Cholesterol*

(Signed) *Arthur S Monsees, M.D*

*Dec 11, 1928* (Address) *111 W 4 Sedalia Mo*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Sedalia Mo* DATE OF BURIAL *12/11 1928*

20. UNDERTAKER *McLaughlin Bros* ADDRESS *Sedalia*

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

