52

SEP 25 1929

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

Do not use this space.

28212

1. PLACE OF DEATH

County Knox — Registration District No. 4 — File No.

Township Salt River — Primary Registration District No. 4 — Registered No.

City Novelty Mo (No. ..... St. ..... Ward)

2. FULL NAME James Edward Cockrum

(a) Residence. No. ..... 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: Male

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: Mrs J. E. Cockrum

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 16 1854

7. AGE: YEARS 74 — MONTHS 11 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Novelty
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Geo Cockrum

11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Haldah Hunsaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Kentucky

14. X INFORMANT: Mrs. Russell Woodward
(Address): Leonard Mo.

15. FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 25 1929

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to Aug 25, 1929 that I last saw him alive on Aug 24 1929, and that death occurred, on the date stated above, at 12 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

93C

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) C C Gibson, M. D

, 19 (Address) Novelty Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cockrum Cemetery — DATE OF BURIAL: 8/27 1929

20. UNDERTAKER: Brothers & Innings — ADDRESS: Novelty, Mo.

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.