

NOV 26 1930

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

Do not use this space.

30373

1. PLACE OF DEATH

County Shelby
Township Shelby
City Shelbyville (No. _____)

Registration District No. 464
Primary Registration District No. 5626

File No. 13
Registered No. 38 Ward _____

2. FULL NAME

Thomas Taylor Pockett

(a) Residence. No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 - 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>83</u>		<u>11</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Shelbyville Ky.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Samuel Pockett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Va.
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Barbara Stitherton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY) _____

14. INFORMANT Forest Pockett
(Address) Mayview Mo.

15. Nov 6, 1930 R. C. Schooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 1930 to Sept 9 1930
that I last saw him alive on Sept 8 1930, and that death occurred, on the date stated above, at _____
9:30 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Myocardial
9:30
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY None
(SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. B. Williams, M. D.

Sept 10 1930 (Address) Mayview, 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 Marvin Chapel DATE OF BURIAL Sept 10 1930

20. UNDERTAKER A. H. Hader ADDRESS Shelbyville

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.

