

Murray

6640-a

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

Do not use this space.

6640 a

1. PLACE OF DEATH
County Platte Registration District No. 696
Township Canoe Primary Registration District No. 5924
City (No.) St. Ward)

File No.
Registered No. 10

2. FULL NAME Edna Hagins Cockrill
(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 Female 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 T. G. Cockrill, Jr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 5 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife 73
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John R. Hagins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Blair Secura

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

14. INFORMANT T. G. Cockrill, Jr.
(Address) Platte City, Mo.

15. FILED 4/30 19. 31 Mary B. Knight
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to July 11, 1931 that I last saw her alive on July 10, 1931, and that death occurred, on the date stated above, at 8:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
131

1320 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Phosmia dententia
hepatica (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED-
IF NOT AT PLACE OF DEATH. 131

DID AN OPERATION PRECEDE DEATH? 8 DATE OF
WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wilson Murray, M. D.

2-12, 1931 (Address) Platte City, 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 Platte City Cemetery DATE OF BURIAL 3-13-1931

20. UNDERTAKER L. F. Rollins ADDRESS Platte City, Mo.

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. Plain terms, so that it may be properly classified.

MAY 27 1931

