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.

JUN 29 1931

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

Do not use this space.

22709

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 817

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks., Mo. Ward)

2. FULL NAME Vernon J. Cockrell.

(a) Residence, No. 302 Independence Str. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Cape Girardeau, Mo.

Length of residence in city or town where death occurred un yrs. kn mos. own. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
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 Mrs. Lilly Cockrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1897

7. AGE: YEARS 33 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 161

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Lumber Co.

10. Date deceased last worked at this occupation (month and year) 3 yrs. ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER

13. NAME Charles Cockrell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hastings, Minn.

MOTHER

15. MAIDEN NAME Eleanor Gibbons.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri.

17. INFORMANT (ADDRESS) C. H. Smith. Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 6/11 1931

19. UNDERTAKER (ADDRESS) C. Huffmeister U.S.L.Co. 7814 So. Broadway

20. FILED June 10 1931 L. C. Obrock M.V. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1931. 19

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1931., 19, to June 8, 1931, 19

I last saw him alive on June 8, 1931., 19 Death is said to have occurred on the date stated above, at 5:00 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane.	
83	
92A 83	

Other contributory causes of importance:

Aortic Insufficiency.

Name of operation Physical, X-Ray & Laboratory findings. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. 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) W. C. Gibson, Medical Officer In Chg.

(Address) U. S. Veterans Hospital, Jefferson Barracks, Mo.