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.

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

Do not use this space.

22871

File No. 12782

Registered No.

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson Registration District No.
Township Primary Registration District No.
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME HOCKMAN, Frederick Solomon C-None WOE
(a) Residence, No. R.F.D.#1 Beattie, Kansas. St., Ward. Wag. Sup. Co 55th FA
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1895

7. AGE: Years 37 | Months 1 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

FATHER
13. NAME S.B.Hockman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Records.
(ADDRESS) Marysville, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marysville, Kan. DATE 7-17-32

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 7/16, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to July 16, 1932
I last saw him alive on July 16, 1932 Death is said to have occurred on the date stated above, at 7:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma, Melano left breast with generalized metastasis, most pronounced in abdominal viscera	One year

Other contributory causes of importance:

Name of operation Removal of Lymph Node left axilla for Biopsy Date of 6-24-32
What test confirmed diagnosis? Phys. Exam. & Lab. Was there an autopsy? Yes

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? Unknown
If so, specify

(Signed) W. E. Chambers, M. D.
W. E. CHAMBERS, Med. Officer in Charge.
Vet. Adm. Hosp. Kansas City, Mo.