

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

Do not use this space.

32326

1. PLACE OF DEATH

County Jackson Registration District No. 608
Township Kear Primary Registration District No. 1000
City Manchester (No. 2008) Linwood St. _____ Ward _____

File No. 5875
Registered No. 5875

2. FULL NAME

(a) Residence, No. 2008 Linwood St. 13 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Rockwell

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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) Platte City, Mo.

13. NAME R. P. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Caroline Murray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Ida E. Wilson
(ADDRESS) 2008 Linwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City DATE 10-15 1932

19. UNDERTAKER J. F. Pollock
(ADDRESS) Platte City, Mo.

20. FILED 10/13 1932 M. M. Kehrave Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 1932 to 10 1932
I last saw him alive on 10 1932. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage from degeneration of stomach probably malignant
Other contributory causes of importance: 46E
Probable Carcinoma of stomach

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. F. Pollock, M. D.
(Address) 1002 Annapolis

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.

WHITE-10-11-32, WITH CHANGING INK—THIS IS A PERMANENT RECORD

