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

Do not use this space.

35018

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 9230

Township ..... Primary Registration District No. 003 Registered No. 9230

City Saint Louis (No. Saint Mary's Infirmary St. ..... Ward)

**2. FULL NAME** James Cockerill

(a) Residence, No. 4324a Saint Ferdinand 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Colored | Married |

5A. IF MARRIED ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Laura Cockerill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1875

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 ? | 9 | 29 | |

**OCCUPATION**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow Missouri

**FATHER**

13. NAME Edward Cockerill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

**MOTHER**

15. MAIDEN NAME Martha Unavailable

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

17. INFORMANT (ADDRESS) Laura Cockerill 4324a Saint Ferdinand Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Oct. 27, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED Oct 26 1933 19 J. S. Bredeck Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933 to Oct., 1933

I last saw him alive on Oct, 1933. Death is said to have occurred on the date stated above, at 11:35 A. M.

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

| | Date of onset |
|---|---|
| Myocarditis - Acute | not known |
| 117A | |
| 73A | |
| 111B | |

117A

Other contributory causes of importance:

Hypostatic Pneumonia
Perforated Gastric Ulcer

Name of operation Repair of gastric rupture Date of: 10/16/33

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify .....

(Signed) J. W. Gray, M. D.

(Address) 4340 Easton

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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2