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

Do not use this space.

35734

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1116

City St Joseph Mo. (No. , St Joseph's Hospital St. Ward)

2. FULL NAME James Lauren Nocks

(a) Residence, No. St., Ward. Troy Kansas
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1847

7. AGE: YEARS 86 — MONTHS 5 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Unknown Indiana

FATHER

13. NAME Benj Nocks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A. Unknown

MOTHER

15. MAIDEN NAME Clemena Cleveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill. U.S.A.

17. INFORMANT (ADDRESS) Mrs Fred Smith Troy Ks.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Kansas DATE Nov 14 1933

19. UNDERTAKER (ADDRESS) F.C. Albright Troy Kansas

20. FILED 11-15- 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Nov 14, 1933

I last saw him alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 11 30 P m.

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

	Date of onset
Interstitial nephritis	
Chronic	
131	July
162	1933

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? None 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? No

If so, specify

(Signed) H T Fargrave, M. D.

(Address) 520 Francis

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