

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kaw Primary Registration District No. 1003
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. 36459
 Registered No. 4374

2. FULL NAME Victor V. Cochfield

(a) Residence, No. 3129 Forest St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Claudia Cockfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15th, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 23

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

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

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) La.

13. NAME J.W. Cockfield

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

15. MAIDEN NAME Victoria Rachal

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

17. INFORMANT Mrs. Claudia Cockfield
 (ADDRESS) 3129 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE New Orleans La. DATE 11/8/33

19. UNDERTAKER W. F. Mayberry
 (ADDRESS) City

20. FILED Nov 8 33 M. M. Brown
Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933, to Nov. 8, 1933

I last saw him alive on Nov. 8, 1933. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Coronary Occlusion Date of onset at 3:30
936
945
1105
 Other contributory cause of importance:
Hydrothorax, right
myocardial degeneration.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clival 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? no.

If so, specify Coronary Occlusion
 (Signed) Carroll P. Dunlap, M. D.
 (Address) 1010 Prof. Bldg., K.C. Mo.

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.

JAN 8 1934

11
 22
 22
 22

MAR 19 1957

JUL 27 1956