

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 26 1934

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

Do not use this space.

39652

**PLACE OF DEATH**

County Franklin  
Township Freedom  
City Clarkton (No. \_\_\_\_\_)

Registration District No. 284  
Primary Registration District No. 4168

File No. \_\_\_\_\_  
Registered No. 17  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Virginia Cockrum

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Robt Cockrum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25<sup>th</sup> 1912

7. AGE YEARS 21 MONTHS 4 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Heber Springs Ark

13. NAME Monroe Boyd

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

15. MAIDEN NAME Julia Ella Bolton

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

17. INFORMANT Robt Cockrum (ADDRESS) Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine City Ark DATE 12-29 1933

19. UNDERTAKER Thos Miller (ADDRESS) Clarkton Mo

20. FILED 12-28 1933 J. B. Steiner Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24<sup>th</sup> 1933 to Dec 28<sup>th</sup> 1933

I last saw her alive on Dec 28<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 6:10 P. M.

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

measles -  
7  
10 7 10  
17  
Other contributory causes of importance:  
Broncho-Pneumonia  
12-24  
Date of onset 12-22

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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?  
If so, specify \_\_\_\_\_

(Signed) J. B. Steiner, M. D.  
(Address) Clarkton Mo

