

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

59 County Livingston Registration District No. 572 File No. 1829  
Township Madisonville Primary Registration District No. 5679 Registered No. 4  
City Madisonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frank B. Rockhold

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Rockhold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1916</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>5</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>School</u>		11. Total time (years) spent in this occupation <u>11</u>
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) <u>Jan 1934</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Co Mo</u>		
13. NAME <u>Frank Rockhold</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Co Mo</u>		
15. MAIDEN NAME <u>Edna Brokaw</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Ill.</u>		
17. INFORMANT <u>Frank Rockhold</u> (ADDRESS) <u>Madisonville Mo R 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Utica Mo.</u> DATE <u>1-23</u> 19 <u>34</u>		
19. UNDERTAKER <u>F. B. Norman</u> (ADDRESS) <u>Chillicothe Mo.</u>		
20. FILED <u>Jan 22, 1934</u> <u>Anna R. Carpenter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1934

22. I HEREBY CERTIFY That I attended deceased from did not attend, to deceased, 1934  
I last saw him alive on about, 1934. Death is said to have occurred on the date stated above, at 10 a. m.  
The principal cause of death and related causes of importance were as follows:  
Chest was crushed when Automobile overturned pinning him under wreck  
Other contributory causes of importance:  
2106

Name of operation 6 Date of 210  
What test confirmed diagnosis 210 Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Jan 21, 1934  
Where did injury occur? Highway Livingston Co Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
on Highway  
Manner of injury Automobile overturned  
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) A. Collier (Coroner Livingston Co., M. D.)  
(Address) Chillicothe Mo

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