

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

Do not use this space.

1. PLACE OF DEATH St. Louis, Mo - Barnes Hospital
 County..... Registration District No.
 Township..... Primary Registration District No. 10008
 City St. Louis (No. Barnes Hospital) St. Ward) 1330

2. FULL NAME Jeanette Rankin Cockey
 (a) Residence, No. 2204 St. Louis, Mo. Ward. 20
 (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.

15115

File No.
 Registered No.
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1917

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>17</u>	<u>—</u>	<u>11</u>	

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

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) St. Louis

FATHER

13. NAME Charles Cockey

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

MOTHER

15. MAIDEN NAME Lola Schnauth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Mo.

17. INFORMANT (ADDRESS) Charles Cockey
2204 St. Louis av.

18. BURIAL, CREMATION, OR REMOVAL PLACE new Bethlehem DATE May 1 1927

19. UNDERTAKER (ADDRESS) Bethlehem Funeral Home
1934 St. John av.

20. FILED J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1927

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1927 to 4-28-1927, 1927

I last saw him alive on 4-28-1927. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Bronchopneumonia - post-operative Date of onset 4-20-27
Telaeus ??

Other contributory causes of importance amenorrhoea

Name of operation Adrenalectomy, et. Date of 4-15-27

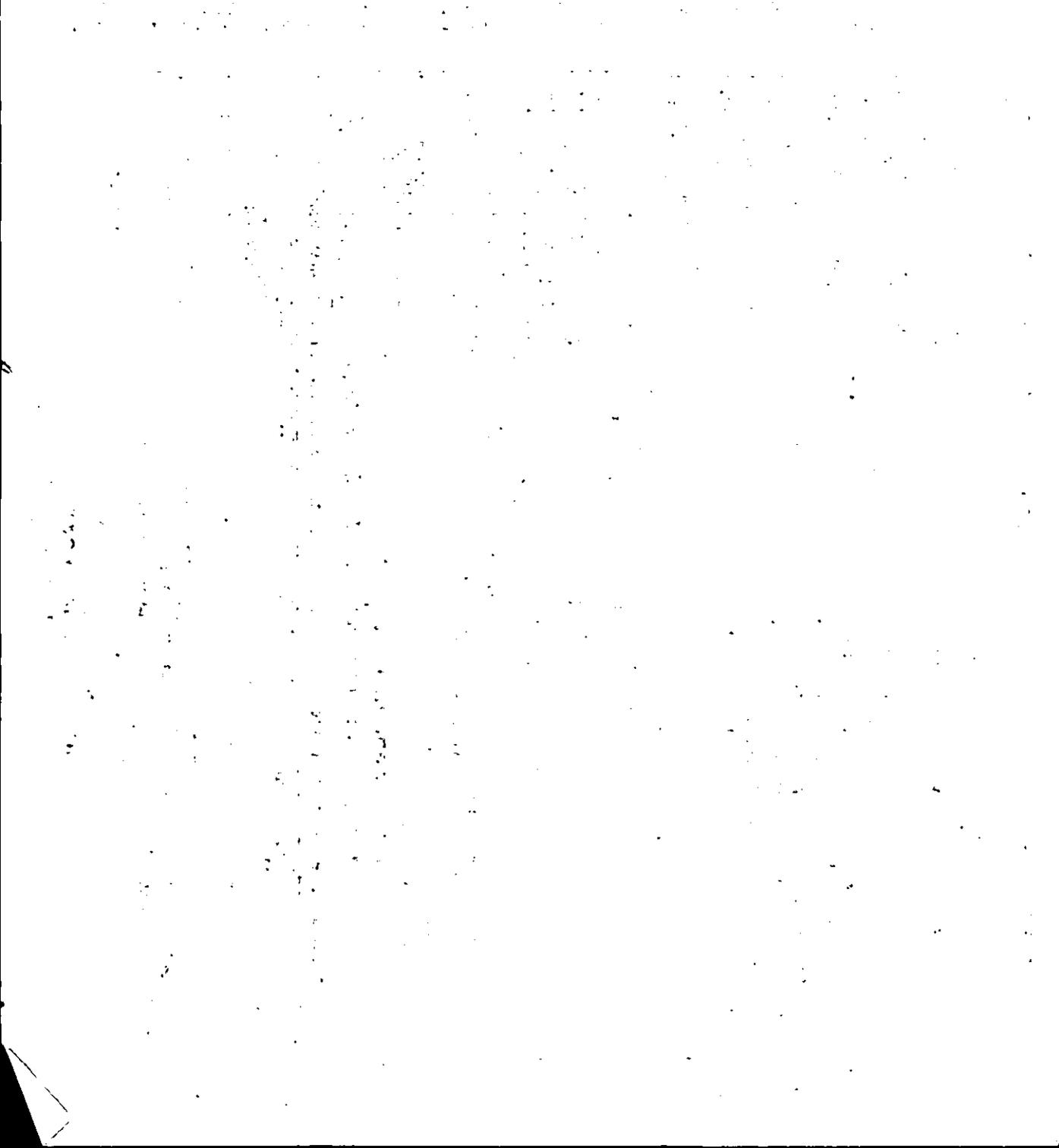
What test confirmed diagnosis? Culture taken Was there an autopsy? Yes

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 _____ (Signed) Fay S. Comer, M. D.
 (Address) Barnes Hospital
St. Louis, Mo.

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.



DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

15115

4330 ✓

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jeonette Rankin Riskey
Who died at Barnes Hoop on April 28 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Chronic pneumonia - Post operative

Detonus? Non-purpural - Tumor of the anterior

Other contributory causes of importance: lobe of the pituitary gland adenoma

Name of operation: Adrenalectomy Date of _____ 4-13-34

What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. F. Bredeck 9-17-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,
E. J. McLaugh M.D.

Primary Reg. Dist. No. 1003

Special Agent.

