

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township
City Madden (No. _____)

Registration District No. 289
Primary Registration District No. 4174

File No. 23986
Registered No. 38
St. _____ Ward _____

2. FULL NAME

James Robert Dockins
(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name of wife or husband) <u>Olle Ann Dockins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7th 1868</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>9</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1933</u>	11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohlinger Co Mo</u>		
FATHER	13. NAME <u>Travis Dockins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Naoma McBride</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Emanuel Dockins</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stanfield</u> DATE <u>7-13-34</u>		
19. UNDERTAKER (ADDRESS) <u>none</u>		
20. FILED <u>7/13/34</u> <u>S.E. Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1934

22. I HEREBY CERTIFY That I attended deceased from May 2nd 1934 to July 12 1934

I last saw him alive on July 10th 1934 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1917

Other contributory causes of importance:
Broncho-Pneumonia 7/2/34

Name of operation none 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? no 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. no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S.E. Mitchell M. D.
(Address) Madden 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.

AUG 14 1934

