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 21 1936

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

Do not use this space.

40815

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City ~~Farmington, Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 173

2. FULL NAME Rudolph Mockley

(a) Residence, No. St. Louis City St., ... Ward.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) not Known

7. AGE: Years 64 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Work
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hospital Cemetery DATE 12-23-35, 19

19. UNDERTAKER Cozzean Undertaking Co.
(ADDRESS) Farmington, Mo.

20. FILED Dec 23, 1935 W. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-3-32, 19..., to Dec 21-35, 19...
I last saw him alive on Dec 20-35, 19..... Death is said to have occurred on the date stated above, at 10:30 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with Hypertension (Fatal Decompensation)	Unknown yrs.
Other contributory causes of importance:	
Dementia Praecox	yrs. Unk
General Arteriosclerosis	

Name of operation none Date of no
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? no
(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) G. Jones Graves Jr, M. D.
(Address) .....