

MAR 16 1936

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

Do not use this space.

4589

1. PLACE OF DEATH

County Buchanan Registration District No. 80 File No. _____
Township Platte Primary Registration District No. 5721 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Chas. Boston Cockriel
(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/5/1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>2</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>Farmer</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) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Platte County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Martin Cockriel</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Paradine Stice</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Elmer Cockriel</u> (ADDRESS) <u>Edgerton, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridgley Cem.</u> DATE <u>2/12/36</u> 19 <u>36</u>		
19. UNDERTAKER <u>Rollins Mortuary</u> (ADDRESS) <u>Edgerton, Missouri</u>		
20. FILED <u>Feb. 11</u> 19 <u>36</u> <u>Mrs. Lucy Powell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12th, 1936, to Feb 10th, 1936
I last saw him alive on Jan 30th, 1936. Death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:
Cancer prostate Date of onset _____

Other contributory causes of importance:
5

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936
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. C. Stacey, M. D.
(Address) Lawson 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.

