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.

APR 18 1936

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

Do not use this space.

10316

1. PLACE OF DEATH
County Henry — Registration District No. 247
Township Bethelha — Primary Registration District No. 5419A
City ..... (No. ....., ... St. ..... Ward)

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

2. FULL NAME James Clarence Cockrum

(a) Residence, No. R. R. H 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	1	20	

OCCUPATION

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

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) Benton Co Mo

FATHER

13. NAME Milton Cockrum

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

MOTHER

15. MAIDEN NAME Rebuecca Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo

17. INFORMANT (ADDRESS) Ted Cockrum Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 3/21 1936

19. UNDERTAKER (ADDRESS) Consalus & Peck Clinton Mo

20. FILED 3-28 1936 J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1936

22. I HEREBY CERTIFY, That I attended deceased from April - 30 1935 to March - 20 1936

I last saw h.. alive on March - 11 1936 Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Carcinoma Rt Lung	10-34

Other contributory causes of importance:

Hemiplegia (Right)

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray 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? .....
(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) James L. Smith, M. D.

(Address) Clinton Mo