

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

Do not use this space.
13770

APR 27 1936

1. PLACE OF DEATH

County Texas Registration District No. 18 File No. _____
 Township Monie Primary Registration District No. 6139 Registered No. 6
 City Mountain Grove (No. R.T. 4) St. _____ Ward _____

2. FULL NAME Lester Eugene Gockley

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11 1936

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

17. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1936, to Mar. 11, 1936, and that I last saw him alive on Mar. 11, 1936, and that death occurred, on the date stated above, at 5:00 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11, 1936

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 3 hrs. or min.

One month premature birth and consequent weakness

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Undetermined

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) A. E. Ames, M. D.

Mar. 12 1936 (Address) Mountain Grove Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Morrison **DATE OF BURIAL** Mar 12 1936

20. UNDERTAKER None ADDRESS _____

PARENTS

10. NAME OF FATHER Robert Levi Gockley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oklaoma
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Elizabeth Tate

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monie, Texas Co.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Robert Levi Gockley
 (Address) Mountain Grove, Mo. R. 4

15. FILED Monie, 1936 Pearl E. McCall
 REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

