

JUL 17 1936

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

Do not use this space.

22206

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township Grinder Primary Registration District No. 5777
City Burgessville Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 31

2. FULL NAME

Marcellia Bridges Hockins

(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>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. F. Hockins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3 1863</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>
	DAYS <u>7</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>Housewife</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) (STATE OR COUNTRY)
Ballinger Co. Mo

FATHER 13. NAME
Jim Bridges

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ballinger Co. Mo

MOTHER 15. MAIDEN NAME
Sallie Miller

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

17. INFORMANT (ADDRESS)
Palmer Hockins Burgessville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Russell Heights DATE
June 12 1936

19. UNDERTAKER (ADDRESS)
M. Glomb F. U. Co. Jackson Mo

20. FILED 6-18-36 1936 D. T. Suber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1-36, 1936, to 6-10-36, 1936.

I last saw her alive on 6-7-36, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Senesce
Arteriosclerosis
Arterio-sclerosis
Paralysis of Throat
Ch. Bronchitis

Date of onset
2 mo
2 mo

Other contributory causes of importance:

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? no

If so, specify (Signed) D. Abraham, M. D.
(Address) Jackson 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.

