

SEP 18 1936

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

Do not use this space.

29904

1. PLACE OF DEATH

County Buchanan, Registration District No. 81
Township Bloomington Primary Registration District No. 5122
City (No. 5 Mi. S. E. DeKalb, Mo.) St. 7 Ward

2. FULL NAME Winfield Scott Mock,

(a) Residence, No. 5 Mi. S. E. DeKalb, Mo. St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 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) October 26, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 26

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. Farm
10. Date deceased last worked at this occupation (month and year) August 1936 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) Jackson County,
(STATE OR COUNTRY) Missouri,13. NAME Ezekiel Mock14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,15. MAIDEN NAME Kate Sopper,16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,17. INFORMANT A. B. Mock
(ADDRESS) R. F. D. # 2, DeKalb, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Camp Ground DATE Aug. 24, 193619. UNDERTAKER Heaton, Bell & Co.,
(ADDRESS) St. Joseph, Mo. Funeral Home20. FILED 9/9, 1936 J. W. McAdow (Address) DeKalb Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 2, 1936, to Aug. 22, 1936I last saw him alive on Aug. 10, 1936 Death is saidto have occurred on the date stated above, at 8:00 a.m.

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

Chronic enteritis, nephritis Date of onset 1935

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? urinalysis Was there an autopsy? No23. 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) E. B. McAdow, M. D.(Address) DeKalb 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.

