

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.

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

Do not use this space.

**JAN 21 1937**

**1. PLACE OF DEATH**

96 County ..... Registration District No. **791**  
 30 Township ..... Primary Registration District No. **1908**  
 9 City **St. Louis, Mo.** (No. **St. Johns Hospital**) St. .... Ward)

File No. **3183**  
 Registered No. **208**

**2. FULL NAME**

**Joseph T. Dockery,**  
 (a) Residence, No. **6431 Potomac Street**, **14** Ward. **1**  
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frances Dockery**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 6th, 1890**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	46	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman 172**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Southern coke & Mining Co.**  
 10. Date deceased last worked at this occupation (month and year) .....  
 ii. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo. 1**

FATHER 13. NAME **James Dockery**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 15**

MOTHER 15. MAIDEN NAME **Catherine Woodlock**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo. 1**

17. INFORMANT (ADDRESS) **Mrs. Frances Dockery 6431 Potomac Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 7th 1937**

19. UNDERTAKER (ADDRESS) **My Friend Mnd Co. 1417 N. Market St.**

20. FILED **JAN 6 1937** **J. T. Bredek** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 4 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12-28 1936**, to **Jan 4 1937**  
 I last saw **him** alive on **Jan 4 1937** Death is said to have occurred on the date stated above, at **9:15 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Coronary Thrombosis**  
 Date of onset  
 Other contributory causes of importance:  
**Pit**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **usual** 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? **?**  
 If so, specify **W. J. Gallagher** M. D.  
 (Signed) **W. J. Gallagher** (Address) **7 Mo Theatre Bldg**

WRITE PLAINLY WITH UNFADING INK IN THESE SPACES

*Faint handwritten text at the top of the page, possibly including a name and a date.*

