MAY 17 1937

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

Do not use this space.

File No. 15617

Registered No. 23

1. PLACE OF DEATH
County: Barton — Registration District No. 40
Township: — Primary Registration District No. 4024
City: Lamar (No. ..., ... St. ..... Ward)

2. FULL NAME: Ersula Marella Cockrill

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) County (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 14-1857

7. AGE: Years 79 | Months 7 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telephone Operator
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: 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virgina

FATHER

13. NAME: James E. Leary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER

15. MAIDEN NAME: Phebe Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Mrs. Lucy Hale, Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Carmel Cem DATE: April 18, 1937

19. UNDERTAKER (ADDRESS): Kanantz's, Lamar, Mo.

20. FILED: Apr-18, 1937 Mrs. Josephine Myrat, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1937, to 4-16-, 1937
I last saw him alive on 4-16-, 1937. Death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to incarcerated femoral hernia	4-12-37
Other contributory causes of importance: Influenza	2/15/37

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 A. Atkins, M. D.
(Address) Lamar, 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.