NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Oregon — Registration District No. 6321 — File No. 38383
Township — Primary Registration District No. 4382 — Registered No. 47
City Thayer — (No. ..... St. ..... Ward)

2. FULL NAME Joseph A Cockman
(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1860.

7. AGE — YEARS 76 — MONTHS 11 — DAYS 9 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.
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) Arkansas.

FATHER
13. NAME Thomas Cockman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Malinda Cantrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Tenn.

17. INFORMANT (ADDRESS) Mrs T. E. King Thayer. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thayer Mo. DATE 10/21 1937

19. UNDERTAKER (ADDRESS) Leo Carr Thayer Mo.

20. FILED Oct. 21 1937 George Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19- 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct- 13, 1937, to Oct-19, 1937
I last saw him alive on Oct-19, 1937. Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Acute | |

930

Other contributory causes of importance:

Ulcers Colon

Name of operation None Date of .....
What test confirmed diagnosis? X Ray 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 .....
(Signed) F. A. Barnes, M. D.
(Address) Thayer 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.