DEC 28 1937

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

Do not use this space.

42550

1. PLACE OF DEATH

County Saline — Registration District No. 793 — File No.

Township ~~Blackburn~~ Elmwood — Primary Registration District No. 6036 — Registered No.

City Blackburn, Mo. (No. , St. Ward)

2. FULL NAME Richard Herman Bockman

(a) Residence, No. R.F.D. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Aileen England

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20, 1907

7. AGE: YEARS 30 — MONTHS 2 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION

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.: " "
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): Blackburn, Mo.

FATHER

13. NAME: Harry Bockman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blackburn, MO.

MOTHER

15. MAIDEN NAME: Carrie Elizabeth Kramer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corder, Mo.

17. INFORMANT (ADDRESS): Mrs. Harry Bockman, Blackburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackburn, Mo. DATE Nov. 14 1937

19. UNDERTAKER (ADDRESS): J.L. Sweeney, Marshall, Mo.

20. FILED 11-13 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1937, to Nov. 12 '37, 19

I last saw him alive on Nov. 11, 1937. Death is said to have occurred on the date stated above, at 3.40 A.M.

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

	Date of onset
Lobar Pneumonia	11/9

108

Other contributory causes of importance:

Chronic Endocarditis

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) R. S. James, M. D.

(Address) Blackburn, 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.