

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

Do not use this space.

1. PLACE OF DEATH

County Sentry Registration District No. 312 File No. 2733
 Township Jackson Primary Registration District No. 5471A Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James Morgan Cockriel 264
 (a) Residence No. Rural Route King City, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 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 Miss Cockriel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1870

7. AGE YEARS 68 MONTHS _____ DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 0

13. NAME Martin Cockriel

14. BIRTHPLACE (CITY OR TOWN) Ken (STATE OR COUNTRY) 1

15. MAIDEN NAME dont no

16. BIRTHPLACE (CITY OR TOWN) dont no (STATE OR COUNTRY) _____

17. INFORMANT Bessie Wells (ADDRESS) 990 Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE And City DATE 1-24-38

19. UNDERTAKER H. S. Peterson (ADDRESS) W. 10th St

20. FILED 1-23-38 Lowell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to Jan 22, 1938

I last saw him alive on Jan 20, 1938 Death is said to 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:

Pericardial Anemia Date of onset 1936

Other contributory causes of importance: no

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. S. Blackhawk, M. D.

(Address) King City, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH