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.

REC'D MAY 20 1938

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

Do not use this space.

15086

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 470 — File No.

4 Township So. Mt Vernon — Primary Registration District No. 4283 — Registered No. 411

0 City Mt Vernon (No. ..... St. ..... Ward)

2. FULL NAME Robert Clinton McCorkhill 262

(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 40 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~~ Emma McCorkhill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26th 1872

7. AGE: YEARS 65 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Justice of the Piece
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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

FATHER

13. NAME Robert McCorkhill 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Mary Ellen Bradshaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs Emma McCorkhill Mt Vernon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE City Cemetary DATE 4/10/38 19

19. UNDERTAKER (ADDRESS) Geo B Orr Mt Vernon Mo

20. FILED April 9 1938 P. A. Holmes Registrar. 4-21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h..... alive on after death, 19..... Death is said to have occurred on the date stated above, at 6:25 A.m.

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

Suicide — Date of onset

167

Other contributory causes of importance:

Gun shot wound in roof of mouth from 32 cal Revolver

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? Suicide Date of injury 4/8, 1938

Where did injury occur? Mt Vernon Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herman Surridge 4, M. D.

(Address) Aurora Mo.