

REC'D SEP 16 1938

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

29843
 Do not use this space.

1. PLACE OF DEATH

(a) County Hamilton Registration District No. 733
 (b) Township Salt Spring Primary Registration District No. 3967 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Warren Thomas Cockrell

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) NebraskaFATHER 13. NAME John Douglas Cockrell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Sarah Mayo16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Tom Cockrell
Denver Colorado18. BURIAL, CREMATION, OR REMOVAL PLACE Boston Cemetery DATE Aug. 16 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville Mo.20. FILED Sept 1 1938 mu Baruch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Aug 12, 1938
 I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 8 a m.
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart
Hypertensive Heart disease
 Date of onset 8/14/38
1910

Other contributory causes of importance:

SenilityName of operation none Date ofWhat test confirmed diagnosis? exam Was there an autopsy? no23. 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) Philip B. Oray, M. D.(Address) Huntsville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-12

Date Filed 4-14-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.