

APR 13 1939

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

Do not use this space.

10862

1. PLACE OF DEATH:
 39 County Greene 2 Registration District No. 318
 3 Township Springfield Primary Registration District No. 2001 File No. 277
 6 City Springfield (No. 226 S Hampton) St. Hampton Ward
 2. FULL NAME BETTY COCKER
 (a) Residence, No. 226 S. HAMPTON St., Ward. (If nonresident, give city or town and State)
 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 7 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Coker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (flunk) 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Act. 71 ~~15~~

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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) Richmond Virginia

13. NAME Unkupper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

15. MAIDEN NAME Unkupper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT Robert Coker
 (ADDRESS) 226 S. Hampton

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hazelwood DATE 4-4-39

19. UNDERTAKER H. V. Smith
 (ADDRESS) 742 N. Jefferson

20. FILED Apr 4 1939 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) - 3-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21-1939 to 3-28-39, 1939.
 I last saw him alive on 3-28-39, 1939. Death is said to have occurred on the date stated above, at 1:30 AM.
 The principal cause of death and related causes of importance were as follows:

(myocarditis myocardial failure)

Other contributory causes of importance: 93PI
inattention
Senility

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? No
 If so, specify
 (Signed) Gordon C. Hoyle, M. D.
 (Address) 1020 Sherman Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

W. 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.

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