

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

Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

County Jackson 3

Registration District No. 395

Township Kan City 1

Primary Registration District No. 1002

City Kan City (No. 1013 East 13)

File No. 17585
 Registered No. 1987
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 264 2308 E-12

St. _____

Ward _____

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Stacy Cockerill

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

Feb 78-1865

7. AGE

YEARS 74

MONTHS 2

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.

metal worker

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)

England 4

FATHER MOTHER

13. NAME

William Cockerill 4

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

England 4

15. MAIDEN NAME

Elizabeth Kemp

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

England

17. INFORMANT (ADDRESS)

Chas. Caldwell Indep. Mrs.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Manassville, Kan

DATE 10-11

1939

19. UNDERTAKER (ADDRESS)

Bergman Funeral Home

20. FILED

May 12 1939 M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 10 39

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

I last saw _____, 19____. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Hypertensive myocardial
acute pulmonary edema
chronic base nephritis

Other contributory causes of importance:

131

Date of onset

Name of operation _____

Date of _____

What test confirmed diagnosis _____

Was there an autopsy? Yes

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. M. Brown

(Address) _____

M. D.

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.

