FILED APR 27 1942

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

Do not use this space.

1285381

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 3458

City St. Louis Mo. (No. ..... St. ..... Ward)

2. FULL NAME Baby McCorkle (John Patrick) N.R.

(a) Residence, No. Mo. Baptist Hosp. St., ... Ward. Rolla Missouri
(Usual place of abode) (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: Boy

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1942

7. AGE: Years ..... Months ..... Days ..... If LESS than 1 day, 21 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

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) St. Louis Mo.

FATHER

13. NAME Albert C. McCorkle

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

MOTHER

15. MAIDEN NAME Helen B. Taylor

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

17. INFORMANT (ADDRESS) Mo. Baptist Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Mo DATE April 17 1942

19. UNDERTAKER (ADDRESS) E. J. Schmitt 3125 Lafayette Ave

20. FILED APR 17 1942 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th 1942

22. I HEREBY CERTIFY, That I attended deceased from April 16th 1942 to April 16th 1942

I last saw h. alive on April 16th 1942 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

	Date of onset
INTRA CRANIAL BRAIN INJURY.	

Other contributory causes of importance: None

Name of operation NONE Date of .....

What test confirmed diagnosis? POST MORTEM 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) John B. O'Neill, M. D.

(Address) 1222 Missouri Theatre

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.

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

100M-2-22-35

No Embalming