

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

Do not use this space.

9149

1. PLACE OF DEATH
 59 County Livingston Registration District No. 508
 1 Township Primary Registration District No. 3026
 7 City Chillicothe (No. St. Ward)

2. FULL NAME Mrs. James Rockhold
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-9-1848

7. AGE YEARS <u>83</u>	MONTHS <u>9</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Tazewell Co. Virginia

FATHER
 13. NAME Henry Hedrick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Nancy Whittle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Harriett R. Hudgins
 (ADDRESS) Utica Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Utica Cem. DATE Mar. 25, 1932

19. UNDERTAKER James D. Gordon
 (ADDRESS) Chillicothe Mo.

20. FILED 3/25 1932 R. Barney
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 24, 1932
 I last saw him alive on March 23, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset March 10, 1932
IIA
IO7A IIA(1)
 Other contributory causes of importance:
Broncho pneumonia March 15/1932

Name of operation Date of
 What test confirmed diagnosis: Chemical Was there an autopsy? No

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) G. W. Carpenter, M. D.
 (Address) Utica

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.

APR 27 1932

