

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.

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

Do not use this space.

32051

1. PLACE OF DEATH

County Wright
Township Wood
City (No.)

Registration District No. 908
Primary Registration District No. 6300

File No.
Registered No. 38
St. Ward

2. FULL NAME Floyd Lee Cokerham

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 3-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 5 1

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME Thomas E. Cokerham

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

15. MAIDEN NAME Marjorie Rice

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

17. INFORMANT (ADDRESS) Thomas E. Cokerham
121 Gray Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Sept 5 1933

19. UNDERTAKER (ADDRESS) W. H. Steffe
Marionville Mo

20. FILED 9/10 1933 J. M. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1933

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

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 10 A. m.

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

Broken neck
Self inflicted hanging
Physician to go tree on the front of his father.
This man was given sound mind being somewhat recently discharged from St. Hospital.
Date of onset

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? suicide Date of injury Sept 4, 1933

Where did injury occur? Wright Co Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Hanging

Nature of injury Broken neck.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) W. H. Steffe coroner
(Address) Marionville Mo.

