

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.

APR 2 1935

8159

1. PLACE OF DEATH

County Buchanan,
Township.....
City St. Joseph, (No. 2912)

Registration District No. 85
Primary Registration District No. 1001
Angelique

File No.....
Registered No. 332
St. Ward)

2. FULL NAME Mabel Frances Cockburn,

(a) Residence, No. 2912 Angelique St. Ward.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>7</u>	<u>27</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) March 1935,
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

MOTHER FATHER
13. NAME John L. Fitzpatrick,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Michigan,

15. MAIDEN NAME Louise Kaiser,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Thomas H. Cockburn, 2912 Angelique Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE March 22, 1935

19. UNDERTAKER (ADDRESS) Healy-Bishop & Bowman, 519 So. 10th St. Funeral Home

20. FILED 3-22-1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1935, to Mar 20, 1935

I last saw her alive on March 20, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Coronary Thrombosis 3/19/35
946
Coronary arteriosclerosis

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis Physical 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) J. P. Elliott, M. D.
(Address) 824 Edmund St. Joseph, Mo.,

