

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb
Township Sherman
City Union Star Mo.

Registration District No. 258
Primary Registration District No. 5361

File No. 34090
Registered No. 9
St. _____ Ward _____

2. FULL NAME Mrs. Jean Hockett

(a) Residence, No. near Union Star St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1892

7. AGE YEARS 44 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. _____ min.

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) Sept. 19, 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Mo.13. NAME James M. Holland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Mo.15. MAIDEN NAME Lovisa Jean16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Mo.17. INFORMANT (ADDRESS) Algreyce Mitchell Helena Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Sept. 23, 193719. UNDERTAKER (ADDRESS) Lucile M. Wilson King City, Mo.20. FILED 9/24 1937 Mrs. O. M. Davis Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21 - 193722. I HEREBY CERTIFY, That I attended deceased from 9-19 - 1937, to 9-21 - 1937I last saw him alive on 9-21 - 1937. Death is saidto have occurred on the date stated above, at 4 a. m.

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

Pericarditis AcuteDate of onset about 1934Other contributory causes of importance: 7/10Name of operation none Date of _____What test confirmed diagnosis? clinical 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) O. P. Perkins M. D.
(Address) Clarksdale Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

