REG'D FEB 25 1939

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

3314
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway
(b) Township
(c) City Maryville
Registration District No. 6 2 6
Primary Registration District No. 3 0 3 1
Registered No. 3
(d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

74 9 2

2. PRINT FULL NAME Charles E. Cockayne
(a) Residence, No. Ravenwood Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

250

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elsie V. Cockayne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14, 1874
7. AGE: Years 64 | Months 6 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as 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): Burlington, Ia

FATHER
13. NAME: John Cockayne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Katherine Riffle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Mrs. Elsie V. Cockayne
(ADDRESS) Ravenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Patrick's DATE Jan. 12, 1939

19. FUNERAL DIRECTOR (NAME): Price Funeral Home
(ADDRESS) Maryville Mo.

20. FILED Jan 12, 1939 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1939, to Jan 10, 1939
I last saw h. alive on 1-10, 1939. Death is said to have occurred on the date stated above, at 6 A.M. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 days

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. W. Boyle, M. D.
(Address) Conception Junct

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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John W. Price, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed John W. Price

Licensed Embalmer No. 3229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.