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.

REC'D MAY 22 1939

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

15649
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 609
(b) Township — Primary Registration District No. 4363 — Registered No. 36
(c) or City Neosho — (d) Street No. ..... 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.

2. PRINT FULL NAME David Clark Rockey
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Rockey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1853
7. AGE: YEARS 85 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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): Baltimore, Ohio

FATHER
13. NAME: Levi L. Rockey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Penna.

MOTHER
15. MAIDEN NAME: Sophia Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): C. R. Mitchell, Neosho Missouri
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Neosho I.O.O.F. DATE: March 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Corley Thompson, Neosho Missouri
20. FILED 4-10, 1939 Onala Salo M.D. 543 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1939, to Mar 16, 1939
I last saw him alive on Mar 12, 1939. Death is said to have occurred on the date stated above, at 2:45 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown (Sudden)	3/11/39

Other contributory causes of importance:
Influenza + Senility

Name of operation — Date of
What test confirmed diagnosis? — 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) R C Lawson, M. D.
(Address) Neosho Mo

(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, or by Gail R. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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

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