

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

MAR 3 1933

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

Do not use this space.

6. 2632
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Cass Registration District No. 660
Township Palmer Pct Primary Registration District No. 5875A
City Saline Twp (No. _____)

2. FULL NAME

George James Rockett

(a) Residence No. 1018 Cedar St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 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

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Elsie Rockett

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

March 7 - 1899

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 10 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Steel worker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Unemployed.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

East St Louis Ill.

PARENTS

10. NAME OF FATHER

George Rockett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Charlevoix Ind

12. MAIDEN NAME OF MOTHER

Mary Sullivan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Cleveland Ohio

14. INFORMANT (Address)

Miss Katherine Walsh

1018 Cedar Ave

15. FILED 1/31 1933

Geo. J. Neeker
for Neeker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

February 28th 1933

17. Stroke fracture

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke fracture

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. H. Bennett, coroner, M. D.

, 19____ (Address) Murfreesboro

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Carmel Conv. Belleville

DATE OF BURIAL

February 1 - 1933

20. UNDERTAKER

Mrs. M. J. Walsh

ADDRESS 701 State St
East St Louis Ill.

Skull fracture

1940

C

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