

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

Do not use this space.

8322

1. PLACE OF DEATH  
 County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Windsor (No. 3229) Windsor St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 1178

2. FULL NAME Samuel James Cochran  
 (a) Residence, No. 3229 Windsor St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sarah Cochran  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 2 11  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Oil Operator  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Samuel Cochran  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Savage  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland  
 (STATE OR COUNTRY)

14. INFORMANT Clara Cochran  
 (Address) 3229 Windsor  
 15. FILED 3/20 1927 M. M. Crowe  
 REGISTRAR Acce

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1927  
 17. I HEREBY CERTIFY, That I attended deceased from mid  
10 - 1927 to noon 20 1927  
 that I last saw h. alive on mid 29 1927 and that death occurred, on the date stated above, at 1:50 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Prosser Pneumonia  
82D 75W  
17K (duration) yrs. mos. da.  
 CONTRIBUTORY Haemophilus Pngt site  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH... at Place  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physiocal signs  
 (Signed) Walter Blum, M. D.  
3/20 1927 (Address) 622 Lathrop

\*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 Cushing Oklahoma DATE OF BURIAL March 22 1927  
 20. UNDERTAKER D W Mewcombs Sons ADDRESS City

THIS IS A PERMANENT RECORD

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.

Geo B Elston

108 W Leaven

Am. 1. 0972