SEP 28 1927

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

Do not use this space.

24069

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 611 N. Fremont St. Ward)
File No.
Registered No. 417

2. FULL NAME Faye Cochran
(a) Residence. No. 611 N Fremont Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1911
7. AGE Years 16 Months 6 Days 16 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work clerk Grocery
(b) General nature of industry, business, or establishment in which employed (or employer) Store
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Willow Springs
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER C.C. Cochran
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa.
12. MAIDEN NAME OF MOTHER Rosie Trimble
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Rosa Cochran
(Address) 611 N. Fremont
15. FILED 8/4 1927 O C Horst Mde
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/3 1927
17. I HEREBY CERTIFY, That I attended deceased from July 22, 1927, to Aug 3, 1927 that I last saw her alive on Aug 3, 1927, and that death occurred, on the date stated above, at 2 50 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis (Cerebral)
30
79A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Nephritis and Typhoid
(duration) yrs. mos. 14 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? All blood tests
(Signed) C A Tucker, M.D.
8/4, 1927 (Address) 638 Landers Bldg

*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. Mizzah Cem.
DATE OF BURIAL 8/5 1927
20. UNDERTAKER Alma Lohmeyer
ADDRESS 1534 St Louis

I. E. Every item of information should be carefully supplied. AGE should be ... EXAC... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC... very in... ...ct.