

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

Do not use this space.

25173

**1. PLACE OF DEATH**

County Polk  
Township Mooney  
City Pleasant Hope (No. \_\_\_\_\_)

Registration District No. 710  
Primary Registration District No. 5-939

File No. 29909  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Virginia Jane Cochran  
(a) Residence (No. Pleasant Hope Mo.) Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-20-1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>2</u>	<u>18</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Seamstress  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Linville, Tenn.  
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Dabu C Cochran

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

12. MAIDEN NAME OF MOTHER Martha Ann Kerr

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

14. INFORMANT M. H. Cochran  
(Address) Pleasant Hope Mo

15. FILED Aug 10, 1927 Mrs. W. W. Green  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-7 1927

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1927 to July 7, 1927 that I last saw her alive on July 7, 1927, and that death occurred, on the date stated above, at 11 PM

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

52 Carcinoma (Cancer)  
Old age  
(duration) 5 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Old age  
(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic

(Signed) M. H. Cochran, M. D.

, 1927 (Address) Pleasant Hope Mo

\*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 Pleasant Hope Mo DATE OF BURIAL Aug 9, 1927

20. UNDERTAKER C. R. Benton Pleasant Hope Mo ADDRESS \_\_\_\_\_

0.017

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Aug 1927

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Polk  
Township Morney  
City (No. City, Ward)

Registration District No. 710  
Primary Registration District No. 5939

File No. ....  
Registered No. ....  
City (No. City, Ward)

**2. FULL NAME**

Gemma Jane Cochran

(a) Residence No. .... St. .... 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 fr 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S-

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hra. or ....min.

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED Aug 10, 1927 Mrs W W Green REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1927

17. I HEREBY CERTIFY That I attended deceased from Aug 7 1927 to Aug 7 1927 that I last saw h. .... alive on Aug 7 1927, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Carcinoma (cancer) nose and face  
..... (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY Old age (SECONDARY)  
..... (duration) ..... yrs. .... mos. .... ds.

**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)....., M. D.  
, 19 (Address)

\*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 DATE OF BURIAL

Aug 9 1927

20. UNDERTAKER

ADDRESS

SUPPLEMENTARY

S-25173-A