24 1928

292

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

Do not use this space.

20000

85

1001

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 20000

Township — Primary Registration District No. 1001 — Registered No. 794

City St Joseph (No. State Hospital for Insane Nor St. Ward)

2. FULL NAME Henry Cocoran

(a) Residence. No. State Hosp #2 St., Ward. Clarence Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	59	Unk	Unk	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer ✓

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

PARENTS
10. NAME OF FATHER ✓ Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) ✓ Unknown
12. MAIDEN NAME OF MOTHER ✓ Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓ Unknown
(STATE OR COUNTRY) ✓ Unknown

14. INFORMANT Clinical Record State Hosp #2
(Address) St Joseph Mo

15. FILED JUN 25 1928 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to June 26, 1928 that I last saw ~~him~~ alive on June 26, 1928, and that death occurred, on the date stated above, at 8:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Arteriosclerosis
91
(duration) 4 yrs. mos. 9 ds.

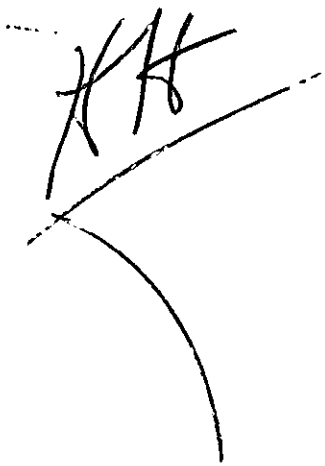
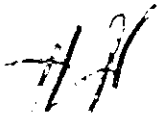
CONTRIBUTORY (SECONDARY) 91B
(duration) 4 yrs. mos. 9 ds.

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? Clinical
(Signed) R. D. Curtis, M. D
June 26 1928 (Address) State Hosp #2 St Joe 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: Clarence Mo. — DATE OF BURIAL: June 28 1928

20. UNDERTAKER: Heaton-Beagle & Bowman, by J. H. Kadle — ADDRESS: 319 S. 10 St. Funeral Home

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.

...Y, WITH UNFADING INK—THIS IS A PERMANENT RECORD