

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

Do not use this space.

1420

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. 1405 Vine St)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Robert Cochran

(a) Residence. No. 1405 Vine St. St. 2 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 9 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labor
(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) Missouri

10. NAME OF FATHER

Jim Cochran

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Mary Cochran
(Address) 1405 Vine St

15.

FILED Jan 29 1929 M. M. Grove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/1/1929

17. I HEREBY CERTIFY That I attended deceased from Dec 26, 1928, to Dec 21, 1928, and that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 4:30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis & Decompensation
9:30

CONTRIBUTORY (SECONDARY) Acute Nephritis
9:30 (duration) yrs. mos. ds. 8

(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Physician

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thos. A. Jones, M. D.

(Address) 1622 E 12th

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

Columbia, Mo.

DATE OF BURIAL

Jan. 7, 1929.

20. UNDERTAKER

AB Moore

ADDRESS

1820 E 18

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.

RECEIVED WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. L. ^{W.} ~~W.~~ Highland