

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

Do not use this space.

9101

1. PLACE OF DEATH

County..... Saline
Township..... Salt Fork
City..... (No.)

Registration District No. 798
Primary Registration District No. 6071

File No.
Registered No.
St. Ward)

2. FULL NAME

Samuel David Cochran

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah M. Cochran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1868

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
60 6 28

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) Boonville Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER George W. Cochran

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

12. MAIDEN NAME OF MOTHER Lena Smith

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

14. INFORMANT Mrs. Mattie Cochran
(Address) Norton Mo.

15. FILED 3/1/29 Mrs. Nell Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1929

17. I HEREBY CERTIFY That I attended deceased from July 25, 1929, to July 25, 1929, that I last saw him alive on July 25, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1110 Intestinal Infection

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinically
(Signed) M.S. McEwin, M. D.

2/25/1929 (Address) Boonville 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 Ridge Park Bur DATE OF BURIAL Feb 28 1929

20. UNDERAKER T. W. Campbell Marshall

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.

MAR 27 1929

