

JUL 26 1929

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

Do not use this space.

22373

1. PLACE OF DEATH

County Mencer Registration District No. 556
Township Ravanna Primary Registration District No. 4379
City Ravanna (No. Cochell) St. A Ward

File No. _____
Registered No. 179
St. A Ward

2. FULL NAME

Frank Cochell
(a) Residence No. Frank Cochell 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 29

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

9. BIRTHPLACE (CITY OR TOWN) Mencer Co. (STATE OR COUNTRY) MO

10. NAME OF FATHER Robert Cochell

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

12. MAIDEN NAME OF MOTHER Ravanna

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

14. INFORMANT E.H. Cochell (Address) Mencer, Mo.

15. FILED 6/28, 1929 J.M. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1929

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1929, June 25, 1929 that I last saw him alive on June 28, 1929, and that death occurred, on the date stated above, at 8 am.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bumel infection bladder and prostate
51C

137 (duration) yrs. mos. da.
18. CONTRIBUTORY (SECONDARY) Concurrent prostate gland
(duration) yrs. mos. da.

18. WHILE THIS DISEASE CONTRACTED at place of death

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 15, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? yes - Pathological
(Signed) J.M. Perry, M.D.
June 28, 1929 (Address) Phinton 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 Ravanna Cemetery DATE OF BURIAL June 28 1929

20. UNDERTAKER Paul Moss ADDRESS Phinton MO

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. AGE should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PARENTS

