

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

Do not use this space.

33557
5207

1. PLACE OF DEATH
 County Harrison Registration District No. 334
 Township Bethany Primary Registration District No. 1197
 City Bethany (No.) St. Ward (....)
 2. FULL NAME Riley Mansfield 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. 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 M
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Alessa Cochran
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-1-1881
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 6 28

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

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

10. NAME OF FATHER Jonathan Cochran
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Do not know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

14. INFORMANT Alessa Cochran
 (Address) Bethany Mo

15. FILED 11/9 29 W. J. Harmed
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1929, to Oct. 29, 1929, and that I last saw h.l. alive on Oct. 29, 1929, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrospinal fever
132 R
79 B

CONTRIBUTORY (SECONDARY) Nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 132 B
 IS NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. M. C. Post. D.O., 98 R

Oct 31 19 29 (Address) Bethany 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 Independence Mo. DATE OF BURIAL 11-1-1929

20. UNDERTAKER W. J. Harmed ADDRESS Bethany Mo

WRITE IN PENCIL, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 23 1929

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