FEB 20 1930

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

Do not use this space.

File No. 5 2175

Registered No.

1. PLACE OF DEATH
County: Perry
Township:
City: Perryville No. St. Ward)
Registration District No. 660
Primary Registration District No. 4396

2. FULL NAME: Robert J. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 13-1862

7. AGE: Years 67 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Perry County Mo

PARENTS
10. NAME OF FATHER: Robert Cochran
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Elizabeth Warren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Sullivan County Mo

14. INFORMANT: Edwin Nutt
(Address): Perryville Mo

15. FILED: 1-27-30 19 Ted Fleckner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24th, 1930, to Jan 26th, 1930 that I last saw him alive on Jan 25th, 1930, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
11A
1 day (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 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?
(Signed) W. H. Banks, M. D
, 19 (Address) Perryville 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: Hager Cemetery
DATE OF BURIAL: 1/28 1930.

20. UNDERTAKER: Buellner & Young
ADDRESS: Perryville

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.