

MAY 28 1930

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

Do not use this space.

15098

1. PLACE OF DEATH

County Sullivan
Township Rock
City New Milan (No. _____)

Registration District No. 853
Primary Registration District No. 6120

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

James Bell 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Saura Alice Cochran</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 23, 1866</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Farmer</u> <u>16</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>84</u>				
(c) Name of employer _____				

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6, 1930
17. I HEREBY CERTIFY, That I attended deceased from March 23, 1930, to April 6, 1930 that I last saw him alive on April March 30, 1930, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleuro-pneumonia caused by a self inflicted bullet wound through lung, done with suicidal intent on March 23, 1930. (duration) yrs. mos. ds.

CONTRIBUTORY Melancholia (SECONDARY) (duration) not known mos. ds.

18. WHERE WAS DISEASE CONTRACTED 170
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. S. Montgomery M. D.
Apr. 7, 1930 (Address) Milan 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.

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>Sullivan, Co.</u> (STATE OR COUNTRY) <u>Missouri</u>
	10. NAME OF FATHER <u>Robert Cochran</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mauchunk,</u> (STATE OR COUNTRY) <u>Pa.</u>
	12. MAIDEN NAME OF MOTHER <u>Harriett J. Cochran</u>
PARENTS	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Wrightson,</u> (STATE OR COUNTRY) <u>Mo.</u>
	14. INFORMANT <u>Saura Alice Cochran</u> (Address) <u>Milan, Mo.</u>
15. FILED <u>4-10-30</u> <u>Bertha McClary</u> REGISTRAR	

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oak Wood Cem. Milan</u>	DATE OF BURIAL <u>Apr. 9 1930</u>
20. UNDERTAKER <u>C. A. Schoene</u>	ADDRESS <u>Milan Mo.</u>

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.

