JUN 25 1930

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

Do not use this space.

15947

1. PLACE OF DEATH
County Iron
Township Arcadia
City Ironton (No. ..... St. ..... Ward)
Registration District No. 391
Primary Registration District No. 4230
File No. .....
Registered No. 23

2. FULL NAME Fannie Cochran Simpson
(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 F M
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 James D Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1854

7. AGE YEARS 75 MONTHS 8 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Farmington
(STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER James C Cochrain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Hanett Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT James D Simpson
(Address) Ironton Mo

15. FILED 5/10, 1930 R A Rasche REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 - 1930

17. I HEREBY CERTIFY, That I attended deceased from April 15 - 1930, to May 9, 1930 that I last saw her alive on May 9, 1930, and that death occurred, on the date stated above, at 11 - a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anaemia pernicious
Neuralgia of Heart
944
71
160
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) age and lack of food of assimilation (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? None
(Signed) Edward L G Banchouse M. D.
5/10, 1930 (Address) Ironton, 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 Ironton Mo Cem.
DATE OF BURIAL 5-10 1930

20. UNDERTAKER White & Sons
ADDRESS Ironton Mo.

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.