

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

Do not use this space.

40189

File No.
Registered No. 90
St. Ward)

PLACE OF DEATH

County Morgan
Township Havercrest
City (No.

Registration District No. 919
Primary Registration District No. 5793a

2. FULL NAME

Joseph Bryson 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 single widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced Josie Cochran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 21

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

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

10. NAME OF FATHER John Cochran

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

12. MAIDEN NAME OF MOTHER Beshenton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Jessie W Cochran
(Address) S Jones mo.

15. FILED Jan 10 1931 W. K. Lipperger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 15, 1930, that I last saw him alive on Dec 11, 1930, and that death occurred, on the date stated above, at Dec 11 11:45 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

carcinoma of stomach

468
CONTRIBUTORY (SECONDARY) 440 (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Morgan co
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS symptoms
(Signed) S. H. Newton, M. D.

Dec 16, 1930 (Address) versailles 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 Sedalia Emory mo. DATE OF BURIAL Dec 17 1930

20. UNDERTAKER CR Rapp ADDRESS Stover mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 21 1931

PARENTS

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.

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