MAR 25 1931

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

Do not use this space.

6294

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No. 6

1 Township — Primary Registration District No. 3079 — Registered No. 33

City Hannibal (No. 523 N Hawkins St. 6th Ward)

8 2. FULL NAME Henrietta Cochran

(a) Residence. No. 523 N Hawkins St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Cochran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20-1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	10	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Home

9. BIRTHPLACE (CITY OR TOWN) West Point
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER James W. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Lucinda Cramer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Indiana

14. INFORMANT John P. Cochran
(Address) 523 N. Hawkins

15. FILED 2/3, 1931 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from November 4, 1929, to January 31, 1931, that I last saw her alive on January 31, 1931, and that death occurred, on the date stated above, at 7:40 a.m.

59 95B THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Failure of Compensation of Kidneys and Heart (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. W. Roberts M.D.O.

, 19 (Address) 503a Broadway Hannibal 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	DATE OF BURIAL
Riverside	Feb 3 1931
20. UNDERTAKER Wm M Smith	ADDRESS 902 Broadway Hannibal 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.