

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

Do not use this space.

23710

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
Township St. Louis Primary Registration District No. 1083  
City St. Louis (No. 3435) Hartford

File No. ....  
Registered No. 7230  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. 16 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME James Mc Kinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT 3435 Hartford St  
(ADDRESS) Harris Cochran

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery DATE July 1 1931

19. UNDERTAKER (ADDRESS) 2217 S. Grand Blvd

20. FILED IN 30 1931 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 9 1930 to June 29 1931. I last saw her alive on June 29 1931. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
undetermined origin

Date of onset Aug 9 1930

Other contributory causes of importance:  
General Atherosclerosis  
930  
97

104  
91

Name of operation none Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? no injury (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) R E Owen, M. D.  
(Address) Wagon Wheel Bldg  
St Louis 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.

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

