

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

Do not use this space.

781

1. PLACE OF DEATH  
 39 County Moine Registration District No. 318  
 3 Township Camptell Primary Registration District No. 2001  
 5 Precinct Springfield No. 6 1/4 W Chestnut St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fanny Ann Cochran  
 (a) Residence, No. 6 1/4 W Chestnut 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. 68  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF School Mill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
15 2 3

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. school mill  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school mill  
 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) mo 1

MOTHER  
 13. NAME Abigail C Cochran  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 2  
 15. MAIDEN NAME Rosie F. Trumble  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1

FATHER  
 17. INFORMANT Mrs. C Cochran  
 (ADDRESS) 6 1/4 W Chestnut  
 18. BURIAL, CREMATION, OR REMOVAL Flora DATE Jan 26 1932

19. UNDERTAKER (ADDRESS) Flora  
2 1/2 W Chestnut

20. FILED 1-26 1932 J. M. Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1932 to 1-24 1932  
 I last saw him alive on 1-22 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary  
Tuberculosis  
 Other contributory causes of importance:  
23A 2 3

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_ (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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) F. F. Finstrom M. D.  
 (Address) Springfield, Mo.

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

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.

FEB 24 1932

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