

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

Do not use this space.

12097

1. PLACE OF DEATH

32 County DeKalb Registration District No. 261
 4 Township Washington Primary Registration District No. 416.0
 3 City Stewartsville (No. _____) St. Third (Ward)

2. FULL NAME

Anna Elizabeth Cochran
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Geo. L. Cochran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 1858</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>7</u>
		DAYS
		<u>7</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year)	<input checked="" type="checkbox"/>
	11. Total time (years) spent in this occupation	<input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange County, N.Y.</u>		
FATHER	13. NAME <u>Charles Wilcox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange County, N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>Kathrine Whorcy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know ?</u>	
17. INFORMANT (ADDRESS) <u>G. L. Cochran Stewartsville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stewartsville</u> DATE <u>Apr 3 - 1932</u>		
19. UNDERTAKER (ADDRESS) <u>F. E. Baumer Stewartsville Mo.</u>		
20. FILED <u>Apr 24 1932</u> <u>F. E. Baumer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1931, to Apr 1st 1932, 1932
 I last saw her alive on Apr 1st 1932, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy 24. Attack
first attack Nov 9 - 31
 Other contributory causes of importance: none
 Name of operation none Date of X
 What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1932
 Where did injury occur? Y (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. X
 Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify X
 (Signed) F. E. Baumer, M. D.
 (Address) Stewartsville, 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. MAY 24 1932

