

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

Do not use this space.

2074

1. PLACE OF DEATH  
 96 County, St. Louis Registration District No. 785  
 5 Township, Benjamin Primary Registration District No. 3037  
 7 City, Kirkwood Mo (No. 444) 7 Van Buren Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME William Robert Cochran  
 (a) Residence, No. 4447 Van Buren Ave. Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie McRoberts Cochran  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 - 1862  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 5 1  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. clerk  
 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 Benjamin Cochran  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Margaret McKeary  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) Jessie McRoberts Cochran  
Kirkwood Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 2-18 1933  
 19. UNDERTAKER (ADDRESS) Louis & Bobb  
Kirkwood Mo  
 20. FILED 2-76 1933 Cl Bonnett M.D.  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1933 to Feb. 15 1933  
 I last saw h. in alive on Feb. 15 1933 Death is said to have occurred on the date stated above, at 9 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis (chronic) Date of onset 1932  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_ (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) W. J. Welch M. D.  
 (Address) Kirkwood 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.

BIRTH RECORD

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