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.

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

Do not use this space.

11326

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 1829, Alfred Ave St. ..... Ward)

File No. .....

Registered No. 2385

2. FULL NAME Sarah Elizabeth Cochran

(a) Residence, No. 1829 Alfred Ave St., 17 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~THIS BAND OF~~ (OR) WIFE OF: Aaron Cochran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30-1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	6	9	

OCCUPATION

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

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

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) Kokomo Indiana

FATHER

13. NAME William Carson

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

MOTHER

15. MAIDEN NAME Nancy Whitewolf

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

17. INFORMANT (ADDRESS) Homer Cochran 1829 Alfred Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elderado Springs STATE Mo. 3/12 1933

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri Ave

20. FILED MAR 11 1933 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan - 10, 1933, to March 9, 1933

I last saw her alive on March 9, 1933. Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Acute Interstitial	1-5-33
106 B	
130 106 B	
Other contributory causes of importance:	
Bronchitis Chronic	10-1-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. 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) [signature], M. D.

(Address) 3606 Francis St Louis Mo