

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1311 Boyd street St. _____ Ward _____)

File No. 7919
Registered No. 326

2. FULL NAME Joseph Henry Cochell

(a) Residence, No. 1311 Boyd street 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Oby M. Cochell

14. BIRTHPLACE (CITY OR TOWN) Mercer (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Marie Seifert

16. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT O. M. Cochell (ADDRESS) 1311 Boyd street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. PLACE St. Joseph Mo. DATE March 21, 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph Missouri

20. FILED 3-21-34 John R. Boudin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

I HEREBY CERTIFY That I attended deceased from March 10 1934 to Mar 19 1934
I last saw him alive on Mar 19 1934 Death is said to have occurred on the date stated above, at 1:20 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis acute 1934
Diphtheria
Date of onset 3-10

Name of operation none Date of _____
What test confirmed diagnosis? clin 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) Sanford Legare, M. D.
(Address) St. Joseph 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.

1934

