

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

Do not use this space.

23970

AUG 12 1935

1. PLACE OF DEATH

County Pennington Registration District No. 1169
 Township Passaic Primary Registration District No. 15-20
 City Brigg City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 2 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeping
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Wickley County, Tenn.
 10. NAME OF FATHER Louis Cochran
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn.
 12. MAIDEN NAME OF MOTHER Ellen Cochran
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) W. Va.

14. INFORMANT Rube Gatewood (Address) Brigg City, Mo.
 15. FILED Aug 8 1935 Mrs P.R. Cole REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1935
 17. I HEREBY CERTIFY, That I attended deceased from July 17 1935 to July 20 1935 that I last saw him alive on July 17 1935, and that death occurred, on the date stated above, July 20 1935 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary Tuberculosis (acute)
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) none
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Chin & Lab.
 (Signed) James P. Wickery M. D.
 , 19 _____ (Address) Brigg City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brigg City, Mo. DATE OF BURIAL 7-21 1935
 20. UNDERTAKER Kennett Mo ADDRESS _____

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.

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