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.

DEC 6 1935

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

Do not use this space.

35075

1. PLACE OF DEATH

County Barry — Registration District No. 37 — File No.

Township Asp — Primary Registration District No. 5053 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Gilbert G. Losson Cothran

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-1891

7. AGE: YEARS 44 — MONTHS 7 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Dallas Co. Md

FATHER
13. NAME George W. Cothran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Md

MOTHER
15. MAIDEN NAME Scrivener
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Md

17. INFORMANT (ADDRESS) Nettie Mason Washburn, Md

18. BURIAL, CREMATION, OR REMOVAL
PLACE King DATE 11/26 1935

19. UNDERTAKER (ADDRESS) Roon Funeral Service Cassville, Mo.

20. FILED 12/3 1935 Jewell Roller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-25-35 1 PM 19..., to ....., 1935

I last saw him alive on 11-25-35, 1935. Death is said to have occurred on the date stated above, at 2:00 P.m.

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

	Date of onset
Pulmonary Tbc.	?

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? Physical 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) C. W. Poor, M. D.

(Address) Cassville, Mo.