

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.

'JAN 15 1936'

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

Do not use this space.

1. PLACE OF BIRTH  Buchanan Registration District No. 85
 County Buchanan File No. 38642
 Township St. Joseph Primary Registration District No. 1001 Registered No. 1311
 City St. Joseph (No. 1514 1/2 High Ave.) St. Ward

2. FULL NAME Laura J. Cochran
 (a) Residence, No. 1514 1/2 High Ave. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 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) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1851

7. AGE YEARS 84 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

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

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) St. Joseph, Mo.

FATHER 13. NAME Wm Randolph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Shesida D Cochran
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Mem Park Cem DATE 12/19 35

19. UNDERTAKER St Joseph Home
(ADDRESS) St Joseph Mo

20. FILED 19 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/13 1935 to 12/15 1935, 1935.
 Last saw him alive on 12/13 1935, 1935. Death is said to have occurred on the date stated above, at 7 A m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction and cerebral infarction for old age.

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? clinical 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) J. H. Lawrence, M. D.
 (Address) 2924 St Joseph Ave

