APR 15 1936

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

Do not use this space.

9078

1. PLACE OF DEATH
County ADAIR — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 69
City Kirksville, Mo. (No. , St. Ward)

2. FULL NAME JACK DARWIN COHAGAN.
(a) Residence, No. 410 So. Osteopathy St., Third Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 8 mos. 26 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) October 28, 1926
7. AGE: Nine YEARS — MONTHS: Five — DAYS: Two — 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) Joplin, Missouri

FATHER
13. NAME Claire Garvan Cohagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Ill.

MOTHER
15. MAIDEN NAME Eva A. Landers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho, Missouri

17. INFORMANT (ADDRESS) Claire Garvan Cohagan. Kirksville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo. DATE April 3, 1936
19. UNDERTAKER (ADDRESS) Dee Riley Kirksville, Mo
20. FILED 3-31 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936, to Mar 30, 1936
I last saw him alive on Mar 30, 1936. Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	Mar 20 1936
JCG	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify
(Signed) E. H. Laughlin M.D.
(Address) Kirksville Mo.

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.