

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

Do not use this space.

OCT 23 1936

1. PLACE OF DEATH

County Merion
Township Merion
City Merion (No. _____)

Registration District No. 553
Primary Registration District No. 4325

File No. 38375
Registered No. 18
St. _____ Ward _____

2. FULL NAME Harriett Cochell

(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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph J. Cochell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1 - 1866</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>	DAY <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.

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

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) Virginia

13. NAME Wm Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Becher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Harve Whan
(ADDRESS) Merion Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Early DATE Oct 6 1936

19. UNDERTAKER Walt Moss
(ADDRESS) Princeton Mo

20. FILED Oct 6 1936 Mrs. Obie Davenport
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1936 to Oct 5 1936
I last saw her alive on Oct 3 1936 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:
Enterocolitis 10-1-36

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? Yes
If so, specify _____
(Signed) C. Becher _____, M. D.
(Address) Merion Mo

WRITE PLAINLY, WITH UNFADE INK. THIS IS A VITAL 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.

