

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

Do not use this space.

420467

1. PLACE OF DEATH

County Madison Registration District No. 625
 Township _____ Primary Registration District No. 3031
 City Maryville (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 124
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Cochran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 - 1888</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>4</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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)
Madison

13. NAME Thomas Cabbagl

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

15. MAIDEN NAME Elmira Reed

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

17. INFORMANT (ADDRESS)
Harry Cochran
Clearfield Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE
Clearfield Ia DATE 11-15 1936

19. UNDERTAKER (ADDRESS)
Price Funeral Home

20. FILED Nov 15 1936 Mamie E. Clardy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1936, to Nov 15th 1936
 (Last saw her alive on Nov 14th 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
1936
Nov 1
Nephritis & Toxicemia
1300
 Other contributory causes of importance:
Bowel obstruction 1936
Nov 9th

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms _____ 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? n.a.
 If so, specify _____ (Signed) C. V. Martin, M. D.
 (Address) Maryville, 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.

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1. PLACE OF DEATH

County Nodaway Registration District No. 625 File No. 42046-
 Township Primary Registration District No. 3031- Registered No. 124
 City Maryville (No. St. Francis Hosp.) St. Ward)

2. FULL NAME

Josie P. Cochran
 (a) Residence, No. St., Ward. (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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m-

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 29

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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 11-15, 1936 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Nephritis Date of onset

Septicemia

Other contributory causes of importance:

Small obstructions

No further information

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) C. J. Martin, M. D.

(Address) Maryville Mo.

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.

SEPTICEMIA

S-42046