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 19 1937

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

Do not use this space.

44648

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5213
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 4470 Rockhill Terrace St. ..... Ward)

2. FULL NAME William Henry Cochel
(a) Residence, No. 4470 Rockhill Terrace 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Ohio

FATHER
13. NAME Andrew Cochel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Mary Zimmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT W. A. Cochel
(ADDRESS) 4470 Rockhill Road K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton Mo. DATE 12/3 1936

19. UNDERTAKER Steve & McClure Und. Co.
(ADDRESS) 3235 Gillham Plaza Kansas City Mo.

20. FILED Dec. 2 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to Dec 2, 1936
I last saw him alive on Dec. 1, 1936. Death is said to have occurred on the date stated above, at 12:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11/27/36

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Other contributory causes of importance:
Auricular fibrillation
Chronic Uremia
Chronic nephritis

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) H. P. Boughnon, M. D.
(Address) 1022 Pry Bldg. K.C. Mo

Dr. Kang Inan Prof. Bldg.