

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

JAN 19 1937

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

Do not use this space.

45288

1. PLACE OF DEATH

County Max Registration District No. 441
Township Center Primary Registration District No. 4259
City Edina (No. _____ St. _____ Ward _____)

2. FULL NAME

Carol Cochran
(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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-18-1936</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>12</u> 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) <u>Edina Mo.</u>				
MOTHER	13. NAME <u>Charley Cochran</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edina Mo.</u>			
FATHER	15. MAIDEN NAME <u>Flossie Bower</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worth Mo.</u>			
17. INFORMANT (ADDRESS) <u>Charley Cochran Edina</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linville Cem. 12-18-36</u>				
19. UNDERTAKER (ADDRESS) <u>Mrs. J. W. Hudson</u>				
20. FILED <u>Dec 19 1936</u> <u>Mrs. C. M. Smith</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936, to Dec 18, 1936
I last saw him alive on Dec 18, 1936 Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:
Premature infant? mo.
Multiple birth.
Date of onset _____

Other contributory causes of importance:
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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) W. L. Landfather
(Address) Edina, Mo.

