

REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 5131
 City Poplar Bluff (No. 1 mile south of hi-way 53 viaduct) Registered No. 21446
 St. _____ Ward _____

2. FULL NAME Joseph Herman Cochran

(a) Residence, No. 3 miles south of Poplar Bluff 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** Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 7 23

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Pike County Missouri

13. NAME Joseph Cochran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Cochran Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Cemetery Butler Co., Mo. **DATE** June 12, 1938

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Missouri

20. FILED 6/12/38 Off. Registrar

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Date of onset

trauma to chest
Railroad train

Other contributory causes of importance: 207 J

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury June 11, 1938
 Where did injury occur? Butler Co Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury hit by railroad train
 Nature of injury left foot 2 hands severed head crushed

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
 (Signed) Charles W. Green, coroner M. D.
 (Address) Poplar Bluff 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.

