

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

Do not use this space.

NOV 3 1938

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1. PLACE OF DEATH

County Cooper Registration District No. 2305 File No. \_\_\_\_\_  
Township East Hill Primary Registration District No. 5312 Registered No. \_\_\_\_\_  
City Calmar R.R. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Josephine Forester Cooch  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 2 10

OCCUPATION 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) Umana mo

MOTHER 13. NAME Wm Forester

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

15. MAIDEN NAME Lucinda Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Low Moor mo

17. INFORMANT Albert Cooch mo  
(ADDRESS) Calmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmar DATE 6/2/38 19

19. UNDERTAKER Albert Cooch mo  
(ADDRESS) Calmar

20. FILED June 3 1938 G. G. R. S. mo  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-30-1938

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1938 to May 30 1938  
I last saw her alive on May 29 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Regurgitation Date of onset \_\_\_\_\_  
Other contributory causes of importance: 95%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chin. test 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) Gustavus G. A. Ferris, M. D.  
Cochran, mo  
(Address) \_\_\_\_\_

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.

APR 13 1950

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

35576  
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 234  
(b) Township Oak Hill Primary Registration District No. 5319  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Forester Coach

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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>David Coach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-20-1860</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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>Vienna</u>		
FATHER	13. NAME <u>Wm Forester</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cumberland</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Tate</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lucy</u>	
17. INFORMANT (ADDRESS) <u>Albert Coach</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Cuba</u>	DATE <u>6/3</u>
19. FUNERAL DIRECTOR (ADDRESS) <u>Albert E. Long</u>		
20. FILED <u>Feb. 14, 1938</u> <u>Mrs. Lillie Rodgers</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938

22. I HEREBY CERTIFY, That attended deceased from Apr 7 to May 30, 1938  
I last saw her alive on May 29, 1938 Death is said to have occurred on the date stated above, at 2:53 p.m.  
The principal cause of death and related causes of importance were as follows:  
mitral Regurgitation

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Gustave J. H. Herzog D.  
(Address) Cuba

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. REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

