WRITE PLAINLY, WITH INKPAD 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.

REC'D DEC 16 1938

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

Do not use this space.

File No. 38548
Registered No. 26

1. PLACE OF DEATH
County: Benton
Township: Lindsay
City: (No. , St. Ward)
Registration District No. 61
Primary Registration District No. 5097

2. FULL NAME 265 Nancy Margaret 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel Cochran
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 1 1854
7. AGE: Years 84 Months 3 Days 8 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Mo.

FATHER
13. NAME: Meredith Dillon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Sarah Lemon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Sallie Cochran Warsaw Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Pleasant Cem. DATE: Nov 11 1938
19. UNDERTAKER (ADDRESS): E. M. White Warsaw Mo
20. FILED: 11-9 1938 Jas A Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 9 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to Nov 9, 1938
I last saw h. alive on Nov 2 1938 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11/2/38

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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) Jas A Logan M. D.
(Address) Warsaw Mo

RECEIVED
District Health Officer No. 7
District File Number 7-38-472
Date Filed 12-6-38