

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

Do not use this space.

REC'D APR 11 1939

10069

1. PLACE OF DEATH

County Swchanow Registration District No. 100

Township Washington Primary Registration District No. 100

City St. Joseph (No. Mercury Hosp.)

File No. _____
 Registered No. 226 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Stewartville Mo.
 (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) St. Joseph Mo.

13. NAME Ralph J. Cochran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartville Mo.

15. MAIDEN NAME Ballie Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schalk Co. Mo.

17. INFORMANT Ralph J. Cochran
 (ADDRESS) Stewartville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartville Mo. DATE Mar 7 - 1939

19. UNDERTAKER F. G. Brown
 (ADDRESS) St. Joseph Mo.

20. FILED Mar 6 1939 H. J. Northrup
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-4-39 to 3-6-39

I last saw her alive on 3-6-39 1939 Death is said

to have occurred on the date stated above, at 1 P. m.

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

Bronchopneumonia
 Date of onset 3-2-39

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Examining 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 _____, 1939

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 Dr. J. J. Berry

(Signed) _____ M. D.

(Address) 873 Farson St. St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

...LAWLEY, WITH CERTAIN INFORMATION IS A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I, F. G. Lyon, Licensed Embalmer No: 952
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by F. G. Lyon
or by _____, Registered Apprentice No. _____

(Signed) _____
Licensed Embalmer No. _____

(6) The above SHIRT IS SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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100 69
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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
(b) Township St. Joseph Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. _____ St.
(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.

Registered No. 224

2. PRINT FULL NAME

Gladys J. Coekran
(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>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>mf</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>7</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____			
	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) _____				
FATHER	13. NAME _____			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
MOTHER	15. MAIDEN NAME _____			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
17. INFORMANT (ADDRESS) _____				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE _____		DATE _____ 19__		
19. FUNERAL DIRECTOR (ADDRESS) _____				
20. FILED _____ 19__				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6, 1939

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

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Branch pneumonia Date of onset _____

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Other contributory causes of importance: none to my knowledge

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) Wm P Lenz, M. D.
(Address) 823 Farson St Joseph Mo

SUPPLEMENTARY

Local Registrar.

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.

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

MAY - 3 1923