

1939 APR 24 1939

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

Do not use this space.

10506

File No. \_\_\_\_\_  
Registered No. 21 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Frank Registration District No. 190  
Township 1 Primary Registration District No. 4113  
City Kahoka (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ester Maude Cochrane

(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. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
36 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Craton (STATE OR COUNTRY) Iowa

13. NAME Charles Keck

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Jessie Davis

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Perry Cochrane (ADDRESS) Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Craton Cem. Iowa DATE Mar 5 1939

19. UNDERTAKER Fred Karle (ADDRESS) Kahoka Mo.

20. FILED 5 1939 J. R. Bridgman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1939

I HEREBY CERTIFY, that I attended deceased from Mar 1 1939 to Mar 2 1939

I last saw him alive on Mar 2 1939 Death is said to have occurred on the date stated above, at 9.10 P.M.

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

Pulmonary Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: ja

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) J. R. Bridgman, M. D.  
174 (Address) Kahoka 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.

RECEIVED

District Health Officer No. 16

District File Number 10-39-537

Date Filed APR 13 1939