

JUL 28 1937

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

Do not use this space.

23808

1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. 4211

File No. \_\_\_\_\_  
Registered No. 15  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Laura Ann Cochran

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry Cochran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th, 1870

7. AGE YEARS 67 MONTHS 1 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Charles County (STATE OR COUNTRY) Missouri

13. NAME James Sawyer Carter

14. BIRTHPLACE (CITY OR TOWN) Flint Hill (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lula Ann Williams

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

17. INFORMANT William H. Cochran (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE June 21, 1937

19. UNDERTAKER Huston Turner (ADDRESS) Windsor, Missouri

20. FILED June 21, 1937 J. J. Jennings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1937

22. I HEREBY CERTIFY, that I attended deceased from June 18, 1937 to June 18, 1937. Death is said to have occurred on the date stated above at 8:00 p.m. The principal cause of death and related causes of importance were as follows: Sudden death. Probable heart disease.

Other contributory causes of importance: 950

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History 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) J. J. Jennings M. D. (Address) \_\_\_\_\_

WRITE PLAIN WITH UNFADING 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.

