

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

Do not use this space.

42172

JAN 28 1928

1. PLACE OF DEATH

County Ray Co
Township Orwich
City Orwich (No. _____)

Registration District No. 743
Primary Registration District No. 5978

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME

Martha Cochran

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 OR (OR) WIFE OF

Allen Cochran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/15-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>7</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew Doyle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessie Laws

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Allen Cochran
(Address) Orwich Mo

15. FILED Jan 17 1928 L. E. Ellis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 13, 1928, that I last saw him alive on Dec 12, 1928, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

117 Broncho Pneumonia
(duration) yrs. mos. 5 da.

CONTRIBUTORY Arteriosclerosis & Flu
(SECONDARY) (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Rt. St. Sheets, M. D.
(Signed) _____

1214 - 1928 (Address) Orwich Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Point Pa DATE OF BURIAL 12/15 1928

20. UNDERTAKER W. Gibson ADDRESS Orwich 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.

WRITE PLAINLY, WITH UNFADING INK

Slaf

