

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

Do not use this space.

NOV 20 1934

36347

1. PLACE OF DEATH

City Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City Kansas City (No. Missouri) St. Ward)

File No.
 Registered No. 70

2. FULL NAME Nora Bell Cochran

(a) Residence, No. 1836 East 82nd. Street, Ward. Kansas City, Mo.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	49	11	3	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Missouri

FATHER 13. NAME John Stark

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ann Rogers

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William M. Cochran
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Palestine Sew. DATE Oct. 29 '34

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3811 Broadway

20. FILED Oct. 29, 1934 Fred R. Lindsey
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1934 to Oct 27, 1934
 I last saw him alive on Oct. 25, 1934 Death is said to have occurred on the date stated above, at 2:30 A M
 The principal cause of death and related causes of importance were as follows:

colicirima of head.
506
150
 Other contributory causes of importance:
metastatic neck.
acute nephritis

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) Fred R. Lindsey , M. D.
 (Address) 804 1/2 Paw

WRITE PLAINLY, 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.

