

OCT 1 1936

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

Do not use this space.

33412

1. PLACE OF DEATH

County Sullivan Registration District No. 853
Township Liberty Primary Registration District No. 6117
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 162

2. FULL NAME

William Alexander Cochran
(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 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Bertha Cochran
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1874
7. AGE YEARS 64 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 34, 1934 to Aug 1, 1936
(last saw him/alive on July 30, 1936, 1936) Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset Feb 1936

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

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) Sullivan, Mo. (STATE OR COUNTRY) Missouri

FATHER
13. NAME Alexander Cochran

14. BIRTHPLACE (CITY OR TOWN) Dresden (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME Nancy Sterling

16. BIRTHPLACE (CITY OR TOWN) Sullivan, Mo. (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Wm. Cochran

18. BURIAL, CREMATION, OR REMOVAL Shatto Cem. DATE Aug. 3, 1936

19. UNDERTAKER (ADDRESS) C. A. Schoene

20. FILED Aug 5, 1936 Wm. Henderson Tucker (Address) Sullivan, Mo.
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.

