

REC'D MAR 15 1938

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

Do not use this space.

6542

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No. St Joseph Hospital)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME

James Robert Cochran Jr 265

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hra. or _____ min.
8 2 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Boonville Mo

13. NAME James Robert Cochran Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

15. MAIDEN NAME Mildred Swarner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) St Joseph Hospital Boonville Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Feb 11 1938

19. UNDERTAKER (ADDRESS) Stegner & Koenig Boonville Missouri

20. FILED Feb 10 1938 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Feb 10 1938
I last saw him alive on Feb 9 1938. Death is said

to have occurred on the date stated above, at 12:30 A.M.

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

acute nephritis
cerebral embolism

Date of onset
1-24-38
2-4-38

Other contributory causes of importance:
Lobar Pneumonia
acute Hepatitis

1-24-38
1-5-38

Name of operation none Date of _____
What test confirmed diagnosis Clinical 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) T.C. Beckett M. D.
(Address) Boonville, 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.

