

DEC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14137
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 87
 (b) Township Harviell Primary Registration District No. 5129 Registered No. 6
 (c) City Harviell (d) Street No. 4053 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Donald Cochran 265

(a) Residence, No. Harviell, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Dec. 8, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 2 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as 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) Harviell 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph H. Cochran 0

14. BIRTHPLACE (CITY OR TOWN) Harviell 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Pearl Clemons

16. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
 (STATE OR COUNTRY) Missouri

17. INFORMANT Joseph Cochran
 (ADDRESS) Harviell, Mo.

18. BURIAL ~~PLACE~~ Cochran Cemetery DATE March 5, 1938

19. FUNERAL DIRECTOR Greer Funeral Service
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 4-30, 1938 W. S. Springer Local Registrar. 977

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937, to March 4, 1938
 I last saw her alive on about noon, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

gastrointestinal
toxicosis due
to food fermentation
11/12
 Other contributory causes of importance:
indigest artificial
feeding

Name of operation none Date of
 What test confirmed diagnosis? litmus 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) W. S. Springer, M. D.
 (Address) W. S. Springer

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by **Not Embalmed** Registered Apprentice No.
working under my personal supervision.

Signed
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)