

APR 19 1939

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

10604
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township Boonville Primary Registration District No. 3015
(c) City Boonville (d) Street No. _____ 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 Mrs. Mattie C. Cochran.

(a) Residence, No. 404 E. Morgan St. 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 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 Cochran.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2ⁿ 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home.
10. Date deceased last worked at this occupation (month and year) Feb. 1939. 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Wm. H. Harrison,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.

MOTHER 15. MAIDEN NAME Laura Lundy,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Miss Jessie Cochran, Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem. March 23ⁿ 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Roller, Boonville, Mo.

20. FILED 3-23 1939 J. H. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21ⁿ 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1939, to Mar 21, 1939

I last saw her alive on Mar 21, 1939. Death is said to have occurred on the date stated above, at 2:10 P. M.

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

Cerebral Hemorrhage

Date of onset 3-8-39

Other contributory causes of importance:

arterial hypertension

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.
197 (Address) Boonville, Mo.

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.

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NOV 12 1946

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/7/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. H. Goodman*
Licensed Embalmer No. *1178*
P. O. Address *Brownsville, Mo.*

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

If this body is not embalmed, above space should be left blank.