

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

Do not use this space.

2128

1. PLACE OF DEATH

County Clinton Registration District No. 207 File No. 28
 Township Concord Primary Registration District No. 5-296 Registered No. 4
 City (No. _____) St. _____ Ward _____

2. FULL NAME Julia Gemima 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 60 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 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) Sept 21 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
 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) Clinton, Mo.

FATHER
 13. NAME William D. Parks

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

MOTHER
 15. MAIDEN NAME Jemima Chaney

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

17. INFORMANT (ADDRESS) Wm. M. Cochran

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) International Union of N. E. 1-27 40

19. UNDERTAKER (ADDRESS) St. Louis Truck & Cartage Co.

20. FILED Jan 30 1940 Emmie Chaikin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1940

22. I HEREBY CERTIFY That I attended deceased from Dec. 19 35 to Jan 18 1940
 I last saw her alive on Nov. 17 1939 Death is said to have occurred on the date stated above, at 11:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Mitral Regurgitation 1935-
(died suddenly) 1940
 Other contributory causes of importance:
Pulmonary Oedema Jan 18 1940

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical symptoms 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. R. Spalding, M. D.
 (Address) Plattsburg, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 19,

District File Number 240-162

Date Filed FEB 14 1940