

JUN 6 1940

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

18895
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 494
(b) Township Brookfield Primary Registration District No. 3026 Registered No. 44
(c) City Brookfield (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

507 William M. Cohoon
(a) Residence, No. Rural New Boston 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Brookfield Mo

13. NAME William Cohoon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Margaret David

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel Mo

17. INFORMANT (ADDRESS) Anna Cohoon
New Boston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Pleasant Hill May 26, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Johnson Funeral Home
Brookfield Mo.

20. FILED May 26 - 1940 W. H. Johnson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1940

I HEREBY CERTIFY, That I attended deceased from May 23, 1940 to May 24, 1940
I last saw him alive on May 23, 1940. Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

John pneumonia
(Entirely long unwell)

Other contributory causes of importance:
Infected gall bladder - 11 W
Nephritis & emphysema
10 da

Name of operation Vibrio Date of o
What test confirmed diagnosis stool & sputum Was there an autopsy? h.o.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury o, 19o

Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury o
Nature of injury o

24. Was disease or injury in any way related to occupation of deceased? h.o.
If so, specify o

(Signed) W. H. Johnson !, M. D.
(Address) Brookfield, 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.

RECEIVED
District Health Officer No. 11,
District File Number 640-821
Date Filed JUN 4 1948

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.