

OCT 15 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

17 County Carroll Registration District No. 133 File No. 32181  
Township Lesum Primary Registration District No. 5185 Registered No. 17  
City (No. ) St. Ward

2. FULL NAME

Floyd Nelson Cochenour  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept - 22 - 34</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>			
	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) <u>Boyard mo Carroll Co mo</u>				
FATHER	13. NAME <u>Floyd Lester Cochenour</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boyard mo Carroll Co</u>			
MOTHER	15. MAIDEN NAME <u>Brownley</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boyard mo Carroll Co</u>			
17. INFORMANT (ADDRESS) <u>F. L. Cochenour Boyard mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emm</u> DATE <u>Sept 30</u> '34				
19. UNDERTAKER (ADDRESS) <u>Boyard mo</u>				
20. FILED <u>10-1</u> 19 <u>34</u> <u>J. Ann Henderson</u> Registrar				

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934, to Sept 30, 1934  
I last saw him alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 7:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
200B  
unknown  
Date of onset

Other contributory causes of importance:  
700

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

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?  
If so, specify  
(Signed) Dr. Gus Carpenter, M. D.  
(Address) Utica 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.

