

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.

JAN 26 1934

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

Do not use this space.

39413

1. PLACE OF DEATH
 17 County Carroll Registration District No. 133
 Township Luslie Primary Registration District No. 5185
 City Boyard (No. _____) St. _____ Ward _____

2. FULL NAME George Allen Cochensauer
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Mrs May Cochensauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-2-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer

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) Illinois

MOTHER 13. NAME Sam Cochensauer

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Bisch

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Cochensauer
 (ADDRESS) Boyard, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Enon DATE Dec 7 1933

19. UNDERTAKER E. J. Dickerson
 (ADDRESS) Boyard, Mo

20. FILED 12-7-33 J. Ann Henderson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Nov 15 1933
 I last saw him alive on Nov 15 1933. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Arterio sclerosis, about 1913
Gangrene of left foot Nov 10/33
 Date of onset _____

Other contributory causes of importance _____

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) G. W. Carpenter, M. D.
 (Address) Waco, Mo.

