N 24 1927

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

Do not use this space.

14424

1. PLACE OF DEATH
County Callaway
Township Fulton
City Fulton (No. ..., ... St. ... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 96

2. FULL NAME Laura Lilly Miller Coulter
(a) Residence. No. State Hospital No. 1 St., ... Ward. Jefferson City, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 da. How long in U.S., if of foreign birth? yrs. life mos. da.

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 Geo. Coulter 419 W. Miller St. Jefferson City, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	16	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Fred Miller.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania.
12. MAIDEN NAME OF MOTHER Anna Catherine Gaegl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT State Hospital No. 1 Records
(Address) Fulton, Missouri

15. FILED May 19, 1927 R. N. Creus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1927, to May 19, 1927, that I last saw her alive on May 18, 1927, and that death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
131
~~92.9a~~ not known (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Pontine Hemorrhage (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Jefferson City, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Leroy E. Ellison, M. D.
May 19, 1927 (Address) State Hospital No. 1

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Riverview Cem. J.C.
DATE OF BURIAL: 5-23-1927
20. UNDERTAKER: Chas. P. Heinrichs
ADDRESS: J.C. 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.