

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

Do not use this space.

27124

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3310
 Township South Primary Registration District No. 1002 Registered No. 3310
 City Kansas City (No. Research Hospital) Sl. 6 Ward

2. FULL NAME

Helen Couchman
 (a) Residence. No. 2822 Charlotte 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1904

7. AGE YEARS 23 MONTHS _____ DAYS _____ If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

O.H. Couchman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Ora Owens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

Jay Ruppison
 (Address) 30026 Charlotte

15. FILE NO.

1005 - E. Adams

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-29, 1927, to 9-1, 1927 that I last saw him alive on 9-1, 1927, and that death occurred, on the date stated above, at 1 P.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Epidemic Epidemic's Acute
Exanthemata
 17 20 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy
 (Signed) [Signature], M. D.

9-2, 1927 (Address)

*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

Morish, Mt. DATE OF BURIAL Sept 3 1927

20. UNDERTAKER

J. W. Wagner ADDRESS 149 Grand Ave

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.

Missouri 165-2

