

25 1928

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

Do not use this space.

23600
4402

1. PLACE OF DEATH

County Harrison

Registration District No. 334

File No. 23600

Township Bethany

Primary Registration District No. 4197

Registered No. 4402

City Bethany (No.) St. Ward

2. FULL NAME

Jonathan Wesley Coulter

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mrs. Lillie Coulter

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

June 15 1839

7. AGE

89

YEARS

MONTHS

DAYS

16

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Businessman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Wm Meigs Co Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER

Abraham Coulter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

German
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Hannah Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio
(STATE OR COUNTRY)

14.

INFORMANT Mrs. Lillie Coulter
(Address) Bethany

15.

FILED 7/10 1928 W J Hamed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1928

17. I HEREBY CERTIFY, That I attended deceased from June 29 1928, to July 1 1928 that I last saw alive on June 29 1928, and that death occurred, on the date stated above, at 135 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Prostatitis

CONTRIBUTORY (SECONDARY)

135

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) W J Hamed, M. D.
July 1 1928 (Address) Bethany

*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

Niland Cem

DATE OF BURIAL

July 2 1928

20. UNDERTAKER

W R Schockley Bethany Mo

ADDRESS

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.

