MAY 26 1930

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

Do not use this space.

12366

1. PLACE OF DEATH
County Trundy
Township Marion
City Galt R.F.D. (No. ..... St. ..... Ward)

Registration District No. 327
Primary Registration District No. 5454

File No. .....
Registered No. 8

2. FULL NAME Arthur E. Cousins

(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 Martha Cousins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 14 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	2	3	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Chester C. Cousins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Pattie Pember
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Clint H. Cousins
(Address) Galt Mo R.F.D.

15. FILED 4-17, 1930 U.C. Weston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 17. 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1929, to Apr. 17, 1930 that I last saw him alive on Mar. 1, 1930, and that death occurred, on the date stated above, at 6:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease
Mitral Regurgitation
92A
95B
112 (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Asthma
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? was
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) U.C. Weston, M.D.
4-17, 1930 (Address) Galt, Mo.

*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: Lowry Mercer Mo
DATE OF BURIAL: Apr. 20 1930

20. UNDERTAKER: P.K. Payne & Son
ADDRESS: Galt 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.

...AND IS A PERMANENT RECORD