

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

Do not use this space.

18878

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 138
Township Fairfield Primary Registration District No. 5202
City Washington B. R. No. 5

File No. _____
Registered No. 20 St. _____ (Ward)

2. FULL NAME

William Adam Coussert
(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 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 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) _____
(c) Name of employer _____

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

10. NAME OF FATHER Andrew Coussert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Rosan Frasier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Mrs. Lou Coussert (Address) Norborne, Mo

15. FILED June 6, 1930 E. A. Missourian REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1924 to June 5, 1930 that I last saw him alive on June 4, 1930, and that death occurred, on the date stated above, at 3:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy, and arteriosclerosis
duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7/4/30 duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. R. Coffey M. D.

June 5, 1930 (Address) Worsham Ave

*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 Mt Olivet DATE OF BURIAL 6/6 1930

20. UNDERTAKER B. J. Mead ADDRESS Mo Braymer

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.

17
10287
1534

1980-6-5

1854-5-2

86-1-3