

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1932

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

Do not use this space.

12427 ✓

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence No.

Registration District No. 398
Primary Registration District No. 3039

File No.
Registered No. 131
St. Ward

2. FULL NAME

Constance Louise Counselman

(a) Residence, No. 205 E St Charles, Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1932
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 4.5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Independence, MO (STATE OR COUNTRY)

13. NAME Merrill Counselman
14. BIRTHPLACE (CITY OR TOWN) Brownington, MO (STATE OR COUNTRY)

15. MAIDEN NAME Bessie E Briggs
16. BIRTHPLACE (CITY OR TOWN) Brownington, MO (STATE OR COUNTRY)

17. INFORMANT Merrill Counselman (ADDRESS) 205 E St Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood, Mo DATE April 6, 1932

19. UNDERTAKER QH + Mitchell (ADDRESS) Independence, Mo

20. FILED April 6, 1932 J. C. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to April 5, 1932. I last saw her alive on April 5, 1932. Death is said to have occurred on the date stated above, at 3 P. M. The principal cause of death and related causes of importance were as follows: Premature 6 months (ages) Date of onset

159 / 5 / 1932
Other contributory causes of importance: (D)

Name of operation
What test confirmed diagnosis? Inspection Date of
Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. L. Book M. D.
(Address) Independence

