

STATE BOARD OF HEALTH WITH CHANGING 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.

JUL 25 1932

Dr. W.

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

Do not use this space.

20169

1. PLACE OF DEATH
 67 County *Mississippi* Registration District No. *647*
 Township *St. James* Primary Registration District No. *5763*
 City (No.) St. Ward)
 2. FULL NAME *Walter Lee Cousins*
 (a) Residence, No. St. Ward. (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 *M.* 4. COLOR OR RACE *W.* 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) *Jan 9, 1932*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 7
 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) (STATE OR COUNTRY) *Mo. Mississippi Co.*
 13. NAME *C. E. Cousins*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*
 15. MAIDEN NAME *Florence Smith*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*
 17. INFORMANT (ADDRESS) *C. E. Cousins, East Prairie, Mo. Rt. 2.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Unionston Mo June 17 1932*
 19. UNDERTAKER (ADDRESS) *Louis Shelby East Prairie Mo.*
 20. FILED *6/14 1932* *Clifford Hodges Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *June 1 1932* to *June 16 1932*
 last saw him alive on *June 16 1932* Death is said to have occurred on the date stated above, at *7 P.* m.
 The principal cause of death and related causes of importance were as follows:
Dysentery
Bronchiae Pneumonia
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 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?
 If so, specify
 (Signed) *George W. Whitaker M. D.*
 (Address) *East Prairie Mo*

