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

Do not use this space.

File No. 22603
Registered No. 674

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph (No. St. Joseph Hosp. St. Ward)

2. FULL NAME: Anna Julia Coupe
(a) Residence, No. St., Ward. Effingham Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Joseph B. Coupe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 12, 1863

7. AGE: Years 69 Months 5 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
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): Arnthrop Mo.

FATHER
13. NAME: James P. Mooney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Julia Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Anna L. Coupe St. Joseph Hosp.

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE: Effingham Ks. DATE: July 14 1932

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Jackson St.

FILED: JUL 14 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932, to July 12, 1932
I last saw her alive on July 12, 1932. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Pericarditis Acute — Date of onset July 7.
Dia 1 Days
Dia 10 Days

Other contributory causes of importance:
Bronchopneumonia

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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 ....., 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? no
If so, specify
(Signed) L. H. Fuson, M. D.
(Address) St. Joseph Mo.

MARGIN RESERVED FOR BINDING

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

m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 22 1932