

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

Do not use this space.

29950

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
Township Prairie Primary Registration District No. 5553B  
City Jackson (No. 100) Home St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

HUGH, H. Cuolahan  
(a) Residence, No. Jackson County Home 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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Cuolahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather

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) MISSOURI

13. NAME John Cuolahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT J. W. Hostettor  
(ADDRESS) 70 S. Cotton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9-20-33

19. UNDERTAKER Mrs. C. L. Foster  
(ADDRESS) 918 13th St. S. E.

20. FILED Sept 20 1933 William J. Fields  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to 9/18 1933  
I last saw him alive on 9/18 1933 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:

chronic myocarditis Date of onset \_\_\_\_\_  
930  
930  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. W. Green M. D.  
(Address) Indian Grove, 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.

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

OCT 20 1933

