

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

Do not use this space.

**30210**

**1. PLACE OF DEATH**

County Macon Registration District No. 5-29  
Township Chariton Primary Registration District No. 57-5  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Thomas Marion Coureton  
(a) Residence, No. College mound 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Coureton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26-1865</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>93</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	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) <u>Illinois</u>		
MOTHER / FATHER	13. NAME <u>James Coureton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
	15. MAIDEN NAME <u>Ruth Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Louis Coureton College mound</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>College mound</u> DATE <u>Sept 14, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Stumm Macon Mo.</u>		
20. FILED <u>Nov 10, 1933</u> <u>J. J. Trappe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

2. **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept 10, 1933

**22. I HEREBY CERTIFY**, That I attended deceased from March 12, 1933 to 9-10-1933  
I last saw him alive on July 26, 1933 Death is said to have occurred on the date stated above, at 2:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Progressive Pernicious Anemia Date of onset 71A  
71A  
162  
Other contributory causes of importance:  
Senility

Name of operation None Date of .....

What test confirmed diagnosis Blood Count 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) J. B. Stokes, M. D.  
(Address) Excelsior, 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 PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 10 1933

