

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.

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

Do not use this space.

32183-a
20

1. PLACE OF DEATH

County Dollinger Registration District No. 69
Township Wayne Primary Registration District No. 5-108
City Wayne (No.) St. Ward

2. FULL NAME

Jorathy Ann Couder
(a) Residence, No. St. Ward.
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59- 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping
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) Sept 1 1933 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Samuel Feltzberger

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Samuel Couder (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL

PLACE Berzong Ave DATE 10-17 1933

19. UNDERTAKER E. J. Cortin (ADDRESS)

20. FILED 10-17 1933 A. H. Kistpatrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1931 to Oct 16 1933

I last saw him alive on Oct 10 1933 Death is said

to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease
92A
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) A. H. Kistpatrick M. D.

(Address)

