

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

Do not use this space.

32473

1. PLACE OF DEATH

County Carter
Township Kelly
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1030
Primary Registration District No. 5206

File No. _____
Registered No. _____

2. FULL NAME Joseph Page Couch

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Couch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 8 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Illinois

13. NAME Levi Couch

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Kenneth Couch
(ADDRESS) Alton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton, Mo. DATE Oct. 24, 1933

19. UNDERTAKER W.C. Croy
(ADDRESS) Van Buren, Mo.

20. FILED Nov 10, 1933 Shady Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1933 to Oct. 21, 1933.
I last saw him alive on 10/20/33, 19 10 a.m. Death is said to have occurred on the date stated above, at 10 a.m. 10/21.
The principal cause of death and related causes of importance were as follows:

Apoplexy-

Date of onset _____

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 1933

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) W.C. Croy M. D.

(Address) Van Buren, 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

