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

Do not use this space.

32490

1. PLACE OF DEATH

County: Cedar — Registration District No.: 165

Township: West Washington — Primary Registration District No.: 5-2-3-2

City: ~~Stockton~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 48

2. FULL NAME: Vinnie Coulter

(a) Residence, No. ..... St., ... 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 (~~write the word~~): ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30, 1933.

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 5 hrs. or 50 min.

OCCUPATION

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

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): Stockton, Mo.

FATHER

13. NAME: W. H. Coulter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co., Mo.

MOTHER

15. MAIDEN NAME: Flora Higgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co., Mo.

17. INFORMANT (ADDRESS): W. H. Coulter Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Union DATE: Nov. 1, 1933

19. UNDERTAKER (ADDRESS): W. C. Davis & Co. Stockton, Missouri

20. FILED: Dec. 1933 E. S. Smith Registrar.
Mary Boylan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1933, to 10-31, 1933.
I last saw him alive on 10-31, 1933. Death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth cause unknown	
159 / 59	

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) H. A. Simpsell, M. D.
(Address) Stockton Mo.

S. No. 2.

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

MARGIN RESERVED FOR BINDING

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.