MARGIN RESERVED FOR BINDING

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

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.

32491

1. PLACE OF DEATH
County Cedar — Registration District No. 165 — File No.
Township Washington — Primary Registration District No. 52-32 — Registered No. 46
City Stockton (No. 52-34 St. Ward)

2. FULL NAME Tiny 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 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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. U. Coulter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co., Mo.

MOTHER
15. MAIDEN NAME Zora Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co., Mo.

17. INFORMANT (ADDRESS) W. U. Coulter Stockton, Mo.

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

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

20. FILED Dec 1933 E. S. Smith Registrar.
Mary Boxlen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 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 a. m.
The principal cause of death and related causes of importance were as follows:

Premature birth Cause unknown — Date of onset

159

Other contributory causes of importance:

159

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. Simrell, M. D.
(Address) Stockton Mo