

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.

JAN 26 1934

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

Long
Do not use this space.
40980

1. PLACE OF BIRTH
80 County Pettis Registration District No. 668
Township Primary Registration District No. 3032
City Debala (No. 1704)
2. FULL NAME Edna Couer
(a) Residence, No. 1704 E 5 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.

File No. 319
Registered No. 668
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1933

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>2</u>	

8. Trade, profession, or particular kind of work done, as splanner, 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) no

13. NAME (FATHER) Couer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME (MOTHER) Kedona Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) Edna Couer

18. BURIAL CREMATION, OR REMOVAL PLACE Crown Hill DATE 12/26 33

19. UNDERTAKERS (ADDRESS) Debala

20. FILED 12-26-1933 Jean Slack Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933 to Dec 25, 1933
I last saw him alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at
The principal cause of death and related causes of importance were as follows:
Alcoholism
Date of onset 12/23/33

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? 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) W. J. Long M. D.
(Address) Debala Mo

