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

Do not use this space.

339

85

198

11

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. State Hospital #2. St. Ward)
Registration District No.
Primary Registration District No. 1001
File No.
Registered No. 11

2. FULL NAME Maggie Coul (Maggie Coul)
(a) Residence, No. St., Ward. 1030 Olive Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 12 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1861

7. AGE: Years: About 73 Months: Unknown Days: If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
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): Unknown Scotland

FATHER
13. NAME: John Coul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Scotland

MOTHER
15. MAIDEN NAME: Bessant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Scotland

17. INFORMANT (ADDRESS): Records State Hospital St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kansas City, Mo. DATE: Jan, 5, 1934, 19

19. UNDERTAKER (ADDRESS): Walter Meierhofer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 1-4-, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan - 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Jan 3, 1934
I last saw h. alive on Jan 3, 1934. Death is said to have occurred on the date stated above, at 11:42 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Dec 22 33
101A	
1018	
Senile Psychosis. Prev.	Nov 22-32

Other contributory causes of importance:

Name of operation: 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) Dr Clifton Smith, M. D.
(Address) State Hosp #2 St Joseph 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.