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

MAR 24 1934

Do not use this space.

58 1 7

1. PLACE OF DEATH
County Linn — Registration District No. 496 — File No. 5615
Township — Primary Registration District No. 3020 — Registered No. 21
City Brookfield (No. 615 West McGowan St. 2nd Ward)

2. FULL NAME Ellis Grant Couch
(a) Residence, No. 615 West McGowan St., Ward. (If nonresident, give city or town and State)
(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.

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 Susie Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1863

7. AGE — YEARS: 70 — MONTHS: 6 — DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linneus, Mo.

FATHER
13. NAME Sewell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linneus

MOTHER
15. MAIDEN NAME Ellen Haynes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livington Co.

17. INFORMANT (ADDRESS) Mrs E.C. Couch 415 McGowan Str. Brookfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linneus DATE Feb 20 1934

19. UNDERTAKER (ADDRESS) Rusk and Rusk Brookfield Mo.

20. FILED 2-19- 1934 J. A. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1934, to Feb. 18, 1934
I last saw him alive on Feb. 18, 1934 Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2-14-34
11 A
11 B
10 B

108

Other contributory causes of importance:
Influenza

Name of operation — Date of
What test confirmed diagnosis? Clinical 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?
If so, specify —
(Signed) E. D. Shindle, M. D.
(Address) Brookfield Mo.