

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

Do not use this space.

16315

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 3016
City Washington (No. _____) St. _____ Ward _____

File No. _____

Registered No. 42

2. FULL NAME James Oliver Coulter

(a) Residence, No. 4th & Henry Streets St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 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 ORACOULTER Ora Coulter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 4 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

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) Franklin County Missouri

13. NAME Ed Coulter 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Missouri

15. MAIDEN NAME Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Missouri

17. INFORMANT Mrs. Ora Coulter
(ADDRESS) 4th & Henry St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Presbyterian Cemetery
Washington, Mo. DATE May 9th, 1934

19. UNDERTAKER (ADDRESS) Otto & Co., Washington, Mo.

20. FILED May 8 - 1934 H W May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12 - 1931, to May 7 - 1934
I last saw him alive on May 6 - 1934. Death is said

to have occurred on the date stated above, at Franklin, Mo.
The principal cause of death and related causes of importance were as follows:

Tubercle occlusion of lungs
25A
Heart Disease
Date of onset 6-12-31

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis Chemical 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) R. R. Coulter, M. D.
(Address) Washington Mo.

36
8
7
JUN 21 1934

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.

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