

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

Do not use this space.

30238

SEP 13 1934

1. PLACE OF DEATH

County Newton
Township Marion
City..... (No. St. Ward.....)

Registration District No. 615-
Primary Registration District No. 5817

File No.....
Registered No. 19

2. FULL NAME Thomas Cohu.

(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 55 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Annabelle Cohu.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24th 1850.</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>died on his farm.</u>	
	11. Total time (years) spent in this occupation. <u>Adult life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Island of Guernsey.</u>		
FATHER	13. NAME <u>Nichols Cohu.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mary Le Bidven</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Thomas Cohu. Granby Mo. R. F. D. 1.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crouch Cemetery</u> DATE <u>Aug 18th 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Pogue & Company Stella Missouri.</u>		
20. FILED <u>Aug 18th 1934</u> <u>U. S. Chapman.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to, August 16, 1934
I last saw him alive on March 27, 1934. Death is said to have occurred on the date stated above, at 1-30 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset Unknown

Other contributory causes of importance:
none

Name of operation..... Date of.....
What test confirmed diagnosis? none 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 U. S. Chapman, M. D.
(Signed).....
(Address) Diamond Mo.

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.

