(Morley)

Do not use this space.

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

DEC 6 1934

40300

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. Bothwell Hosp, St. Ward)
Registration District No. 668
Primary Registration District No. 3032
File No. 40
Registered No. 668

2. FULL NAME Clinton Woolsey Couts
(a) Residence, No. 900 W Henry 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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) No March 19 1934
7. AGE YEARS 0 MONTHS 8 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Missouri

FATHER
13. NAME W. S. Couts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) W. S. Couts Sedalia, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Nov 26 1934
19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo
20. FILED 12-1- 1934 Jean Sluck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934 to Nov 25, 1934
I last saw him alive on 12 PM, 1934 Death is said to have occurred on the date stated above, at 4A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Meningitis 1079
Probably Pneumococcus

Other contributory causes of importance:
Bronchial
Pneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Would not let me do Spinal puncture

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) Frank R Morley, M. D.
(Address) Sedalia 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.