

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

Do not use this space.

16363

1839

1. PLACE OF DEATH

County Jackson Registration District No. 1008
 Township Kaw Primary Registration District No. 1008
 City Kansas City (No. 4028 Olive) St. _____ Ward _____

2. FULL NAME Mrs Louisa Coul

(a) Residence, No. 4028 Olive St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1865
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 20

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. At Home
 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) Indiana

FATHER 13. NAME Don't know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Don't know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Alex Coul
 (ADDRESS) 4028 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 3 35

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) 104 West 42nd Street

20. FILED 5-1 1935 M. M. Crowl, asst
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1935, to May 1, 1935
 I last saw h. alive on May 1, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Acute Bronchial
Pneumonia
10/7/35

Other contributory causes of importance: _____

Senility + Terminal Pneumonia

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? _____

If so, specify Dr. L. J. Graham
 (Signed) _____
 (Address) 811 Chamber Bldg 1st, 1935

A. 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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Dr. J. P. 807
#26278

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3 october today
J