

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

Do not use this space.

21485

JUL 12 1935

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... *Peapack Hospital* Primary Registration District No. **1003**  
City..... *St. Louis - Mo.* (No. ....)

File No. ....  
Registered No. **5443**  
St. .... Ward)

**2. FULL NAME**

*Joseph Franklin Couch*  
(a) Residence, No. *De Soto Mo.* St. *NR* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *1* 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) *married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Lottie Couch*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 2 - 1873*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*62 4 18*

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. *Farming & Real Estate*  
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) spens in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *De Soto - Missouri*

13. NAME *James Couch*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Mary Williams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Mrs. Lottie Couch De Soto, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *De Soto, Mo.* DATE *6-22* 19*35*

19. UNDERTAKER (ADDRESS) *Motherhead Funeral Home De Soto - Missouri*

20. FILED *JUN 24 1935* *J. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 7 0* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *June 19* 19*35*, to *June 20* 19*35*  
I last saw him alive on *June 19* 19*35* Death is said to have occurred on the date stated above, at *2:20 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Carcinoma of jaw.*

Date of onset *Jan 1935*

Other contributory causes of importance:  
*Infected embolus of Right wrist - gangrene Ulcer by carcinoma*

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? *No*  
If so, specify .....

(Signed) *Paul V. McPhinstor*, M. D.  
(Address) *6150 Oakland Ave. (McPhinstor)*

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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