

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.

APR 16 1936

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

Do not use this space.

9584  
1/3

1. PLACE OF DEATH  
 County Camden Registration District No. 117  
 Township Osage Primary Registration District No. 6167  
 City Starr St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John J. Cuoter  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ?  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28-91  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 11 27  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender  
 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) Pittsburg Pa.  
 FATHER  
 13. NAME ?  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?  
 MOTHER  
 15. MAIDEN NAME ?  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?  
 17. INFORMANT (ADDRESS) P. J. Turner Camp Supt R.P. Camp #1  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lake View Cem. DATE Mar 26 1936  
 19. UNDERTAKER (ADDRESS) Abbie Bankson Woolery Camden Mo.  
 20. FILED Apr 10 1936 Lizzie Keller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1936  
 22. I HEREBY CERTIFY, That I attended deceased from March 16 1936, to March 26 1936  
 I last saw h. l. m. alive on March 25 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
Bronchial pneumonia  
 Date of onset Mar 16 1936  
 Other contributory causes of importance:  
None  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) James W. Allen M. D.  
 (Address) Edon Mo

