

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.

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

Do not use this space.

31826

**1. PLACE OF DEATH**

County nodaway  
 Township Arkon  
 City Arkon

Registration District No. 6 17  
 Primary Registration District No. 4367

File No. \_\_\_\_\_  
 Registered No. 14 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Henry Thomas Coulter

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah M. Coulter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
90 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Laurie Co. Ohio

MOTHER 13. NAME Adam Coulter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Halter Coulter

18. BURIAL, CREMATION, OR REMOVAL PLACE Swainsford DATE Aug. 12, 1936

19. UNDERTAKER (ADDRESS) Peter F. ...

20. FILED 8 13 1936 Chas. S. ...

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to July 10, 1936  
 I last saw him live on July 9, 1936 Death is said to have occurred on the date stated above at 11 m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma Throat  
48  
 Other contributory causes of importance: Stroke

Name of operation ✓ Date of ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1936

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) J. H. ... M. D.  
 (Address) Mayville Mo.

