

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 35 File No. 15733
Township _____ Primary Registration District No. 1001 Registered No. 437
City St Joseph (No. 626 So 10) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 626 So 10 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Earl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1896

7. AGE YEARS 40 MONTHS 4 DAYS 1 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Delia Mo

13. NAME Robert Couger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Earl Snodgrass (ADDRESS) 626 So 10

18. BURIAL, CREMATION, OR REMOVAL At Church DATE April 9 1937

19. UNDERTAKER Bury - W. H. S. Co (ADDRESS) 18 So 10

20. FILED 4-9-37 J. H. Moorhead Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to April 7 1937

I last saw him alive on April 7 1937. 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:

Cerebral hemorrhage Date of onset April 8

Other contributory causes of importance: arteriosclerosis heart and paralysis from former hemorrhage

Name of operation _____ Date of _____
What test confirmed diagnosis? blines 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) Charles H. Kerner M. D.
(Address) 221 Kirkpatrick Bldg
St Joseph 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.

