

JUL 26 1937

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

Do not use this space.

23153

1. PLACE OF DEATH

County Boone
Township
City Columbia

Registration District No. 73
Primary Registration District No. 30067
(No. Noyes Hospital)

File No. _____
Registered No. 153
St. _____ Ward _____

2. FULL NAME

Jesse Harlanman Coursault
(a) Residence, No. 212 Westmount St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Coursault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-23-1871

7. AGE YEARS 66 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. University of Mo.
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) Ohio

MOTHER 13. NAME Theodore S. Coursault

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

15. MAIDEN NAME Anna E. Brooke

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

17. INFORMANT Mrs. Edith Coursault
(ADDRESS) 212 Westmount Columbus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus, Ohio DATE 6-26, 1937

19. UNDERTAKER Parker Furniture Co
(ADDRESS) Columbus, Mo.

20. FILED 6/25/37 Allie Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 23, 1936 to June 24, 1937

I last saw him alive on June 24, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: Chronic essential hypertension
18 years duration

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) [Signature] M. D.
(Address) Columbus, 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.

