

8661 I NVP

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

Do not use this space.

1. PLACE OF DEATH
 25 County Clinton Registration District No. 204
 4 Township Shoak Primary Registration District No. 3013
 City Cameron (No. O.K. Garage, N. Walnut) St. _____ Ward _____
 File No. 45121
 Registered No. 44
 2. FULL NAME George L. Courcelle
 (a) Residence, No. 803rd Street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1879

7. AGE. YEARS 58 MONTHS 10 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician and commercial artist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public house and home
 10. Date deceased last worked at this occupation (month and year) Dec 2, 1933 11. Total time (years) spent in this occupation 2¹/₂

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

FATHER
 13. NAME George James Courcelle
 14. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

MOTHER
 15. MAIDEN NAME Elizabeth Hood
 16. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

17. INFORMANT M. C. Courcelle (ADDRESS) Monte, Canada

18. BURIAL, CREMATION, OR REMOVAL PLACE Proceaus Cem DATE Dec 5th 1937

19. UNDERTAKER M. Polard (ADDRESS) Cameron Mo

20. FILED 12/5, 1937 N. K. Hooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2 A. m.

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

Chronic myocarditis

Other contributory causes of importance:

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) A. H. Templeman M. D.
 (Address) Clinton County Coroner
Cameron 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.

