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.

3
1

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104 — File No. 2220
2 Township — Primary Registration District No. 3008 — Registered No. 8
2 City Fulton (No. ..... St. ..... Ward)

2. FULL NAME James De Coster 223
(a) Residence, No. St. Charles Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Virginia Tate
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13 06
7. AGE: YEARS 31 — MONTHS 6 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger
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): DK
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alton Ill

FATHER
13. NAME: Victor De Coster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Grange Mo

MOTHER
15. MAIDEN NAME: Winifred Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Hosp Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Charles Mo DATE Jan 9 1938
19. UNDERTAKER (ADDRESS): Leo G. Wallace, Fulton Mo.
20. FILED Jan 9, 1938 R. N. Greene Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1th 1937, to Jan 8, 1938
I last saw him alive on Jan 8th, 1938 Death is said to have occurred on the date stated above, at 10? P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	DK
83	
Other contributory causes of importance: Chr Myocarditis etc	DK

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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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) L A Hopkins M. D.
(Address) Fulton Mo