

REC'D MAR 17 1938

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

Do not use this space.

7077

1. PLACE OF DEATH
 County Gasper Registration District No. 411 File No. 7077
 Township Gasper Primary Registration District No. 2002 Registered No. 1904 W 26th
 City Gasper 145 (St. _____ Ward _____)
 2. FULL NAME Nellie Coupland
 (a) Residence, No. 1504 W 26th St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Coupland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17, 1867
 7. AGE YEARS 70 MONTHS 10 DAYS 2 LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife
 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) St. Louis MO
 FATHER 13. NAME Joseph Fordley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 MOTHER 15. MAIDEN NAME no record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 17. INFORMANT Clester Tucker
 (ADDRESS) Gasper Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity DATE 2/23/38
 19. UNDERTAKER Thurley and Co
 (ADDRESS) Gasper Mo
 20. FILED 2-23-38 Registrar Ed. J. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-38, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1938, to 2-19-, 1938
 I last saw her alive on 2-17-38, 1938 Death is said to have occurred on the date stated above, at 4-35 PM.
 The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
93 C
 Other contributory causes of importance: Chronic Myocarditis
 Name of operation _____ Date of _____
 What test confirmed diagnosis Biocid 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?
 If so, specify _____
 (Signed) W. A. Garland, M. D.
 (Address) Gasper 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.

