REC'D MAR 17 1938

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

Do not use this space.

File No. 7131

Registered No. 10

1. PLACE OF DEATH
County Jefferson
City DeSoto
Township
Incorporated or Unincorporated
Hospital or Institution
(If in hospital or other institution, give residence instead of place of death)
No. , St. Ward)

Registration District No. 420
Primary Registration District No. 3022

2. FULL NAME Gerald Eugene Couch 520
(a) Residence, No. Gen. Del. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. 8 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) DeSoto Mo.

FATHER
13. NAME Gerald Couch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo.

MOTHER
15. MAIDEN NAME Grace May Walkup
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo.

17. INFORMANT Gerald Couch
(ADDRESS) DeSoto Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DeSoto DATE Feb 22 1938

19. UNDERTAKER Donnell B. Dietrich
(ADDRESS) DeSoto Mo.

20. FILED 3-5 1938 Jeneva Donnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1938, to 2/20, 1938
I last saw him alive on 2/20, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria - Laryngeal	2/17/38

Other contributory causes of importance:

Name of operation Physical 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) Chas. E. Gallup, M. D.
381 (Address) DeSoto Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.