

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

Do not use this space.

FN FEB 26 1940

1854

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kat Primary Registration District No. 1002
City Lawcastle (No. Memorah Hosp) St. _____ (Ward) _____

File No. _____
Registered No. 339

2. FULL NAME

(a) Residence, No. 436 St. _____ Ward. Chilhowee Mo
(Usual place of abode) (If nonresident, give city of town and State)

Length of residence in city or town where death occurred 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1892

7. AGE 47 YEARS MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, 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. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilhowee, Jackson, Mo.

FATHER 13. NAME William Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Mo.

MOTHER 15. MAIDEN NAME Estelie Ashton

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

17. INFORMANT Wesley Coulter, Jr. (ADDRESS) Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cem. DATE Jan. 28, 1940

19. UNDERTAKER Fred Wilkerson (ADDRESS) Clinton, Mo.

20. FILED Jan. 24, 1940 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1940 to 1-24, 1940

I last saw her alive on Wednesday, Jan. 19, 1940 Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Meningitis Date of onset _____

Other contributory causes of importance: acute mastoiditis

Name of operation Mastoidectomy Date of 1/24/40
What test confirmed diagnosis? smear & culture 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) Paul Keese, M. D.
(Address) 2006 Bryant Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-10-22-35 I X9314

