

1 MAR 4 1935

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

Do not use this space.

3950

1. PLACE OF DEATH

County Saline Registration District No. 793
Township Elmwood Primary Registration District No. 606B
City _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Cliza Ellen Coulter

(a) Residence, No. R.F. de Sweet Springs St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 15-1841

7. AGE YEARS 93 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General House Work

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross Co Ohio

13. NAME John Carmear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross Co Ohio

15. MAIDEN NAME Suzanna de Haven

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

17. INFORMANT (ADDRESS) John E. Cooper
1017 Leonard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs Mo DATE January 30, 1935

19. UNDERTAKER (ADDRESS) Jesse Barber
Sweet Springs Mo

20. FILED Jan, 30, 1935 Minnie E. Holt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 1932, to Jan 29, 1935

I last saw her alive on Jan 26, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

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

arterio-sclerosis - gangrene of foot
97
Other contributory causes of importance: Senility

Date of onset about Dec 20 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) L. S. James, M. D.
(Address) Blackburn, 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.

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