

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

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.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. 8789
Registered No. 121
St. _____ Ward _____

2. FULL NAME

Robert Wilson Coulter, Jr.

(a) Residence, No. 518 South Osage St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1911

7. AGE YEARS 22 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. invalid

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) Kennett (STATE OR COUNTRY) Missouri

13. NAME Robert Wilson Coulter, Jr.

14. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Dorothy Simmons

16. BIRTHPLACE (CITY OR TOWN) Walker (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) R. W. Coulter, Jr.
518 South Osage

18. BURIAL, CREMATION OR REMOVAL PLACE Less Summit DATE Mar 29 1934

19. UNDERTAKER (ADDRESS) George Pearson
Independence

20. FILED March 28, 1934 Dr. F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 1934

22. I HEREBY CERTIFY That I attended deceased from _____
Dr. C. Coone, 1934
I last saw h. _____ alive on _____, 1934 Death is said

to have occurred on the date stated above, at 6:30 am.
The principal cause of death and related causes of importance were as follows:
Acute Parenchymatous Date of onset
Acute Toxic Nephritis

Other contributory causes of importance:
Congenital Malformation - Birth Injury

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934
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) W. H. Bates M. D.
(Address) Rt. 3 - Less Summit, Mo.

