

FEB 24 1936

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

Do not use this space.

2733

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 4465
City Flat River (No. _____) St. _____ Ward)

File No. 258
Registered No. _____

2. FULL NAME

Ada Ann Courtois

(a) Residence. No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 15 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 10 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) own home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Wm. Remous
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Martha Caldwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Geo. Cortois
(Address) Flat River

15. 429 1936 O. B. Harrar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 15, 1936 that I last saw her alive on Jan 15, 1936, and that death occurred, on the date stated above, at 4:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tularemia
Broncho pneumonia
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Exam
(Signed) Ch Applberry, M. D.

(Address) Flat River Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Parkview Cem 1-17 1936

20. UNDERTAKER Joe Diemer ADDRESS Flat River

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.

