

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

Do not use this space.

865

**PLACE OF DEATH**

County Gasconade

Registration District No. 303

Township .....

Primary Registration District No. 7182

City Herman (No. ....)

File No. ....

Registered No. A

St. .... Ward

**2. FULL NAME**

Alice E. Coughell

(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 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 F. H. Coughell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17/1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 3 16

**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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Holstein Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Buente

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mc Intyre

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

14. INFORMANT Dr. F. H. Coughell  
(Address)

15. FILED 1-5 1931 Anna K. Rickhoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 1930 to Jan 3 1931. that I last saw her alive on Jan 3 1931, and that death occurred, on the date stated above, at 8 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Endocarditis  
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) cardiac dilatation  
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS General diagnosis  
(Signed) H. J. Rickhoff M. D.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Herman City Cemetery  
DATE OF BURIAL 1/5/31

20. UNDERTAKER Riesinger ADDRESS Herman 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.

FEB 18 1931

