

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

Do not use this space.

16948

**1. PLACE OF DEATH**

74 County nodaway  
Township grant  
City \_\_\_\_\_

Registration District No. 617  
Primary Registration District No. 5819  
(No. RFD #2 Barnard, Mo)

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Francis Marion Coulin  
(a) Residence, No. RFD #2, Barnard, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Elizabeth Robison  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20, 1848  
7. AGE YEARS 84 MONTHS 3 DAYS 6 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) 1926 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Barnard Missouri

13. NAME Francis Coulin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Dorothy Jane Malotte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Camden Point, Platte Co. Missouri

17. INFORMANT Mrs. Nellie Jobe (ADDRESS) RFD #2 Barnard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mossie Cemetery, Barnard DATE May 28, 1932

19. UNDERTAKER W. Dean Campbell (ADDRESS) Barnard Mo.

20. FILED May 26, 1932 Chas. D. Humbert, Jr. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1930 to May 26, 1932

I last saw him alive on May 26, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cardio-vascular-renal syndrome  
131

Other contributory causes of importance: 131

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 \_\_\_\_\_

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) Chas. D. Humbert, Jr. M. D.  
(Address) Barnard, Mo.

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.

MAY 24 1932

