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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 20877
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. ..... St. ..... Ward)

2. FULL NAME Samuel D. Coulson
(a) Residence, No. 207 St Louis St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Coulson.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1853.
7. AGE YEARS 81 MONTHS 0 DAYS 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation Vic

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

FATHER
13. NAME Henry Coulson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferry MO.

MOTHER
15. MAIDEN NAME Elizabeth McBryer.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferry

17. INFORMANT (ADDRESS) John Coulson
18. BURIAL, CREMATION, OR REMOVAL M. S. Hope Pen. DATE 6-24-34
19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin Mo
20. FILED 6-21, 1934 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-34.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to June 19, 1934
I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
131	

Other contributory causes of importance:

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Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

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) M. E. Coons, M. D.
(Address) Joplin, Mo.