DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1940

STANDARD CERTIFICATE OF DEATH

411 State of ~~OKLAHOMA~~ MISSOURI. 2002

28810 State File No. [redacted]
Registrar's No. [redacted]

19
7
5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ~~None~~ 2126 Perkins 2 (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin. (If outside city or town limits, write RURAL)
(d) Street No. 2126 Perkins (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3(a) FULL NAME Sam P. Coats 320
3 (b) If veteran, name war No.
3 (c) Social Security No. No.
4. Sex Male
5. Color or race White
6(a) Single, widowed, married, divorced Widowed Married
6 (b) Name of husband or wife _____
6 (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	7		hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 7
10. Usual occupation Miner
11. Industry or business Lead and Zinc mines
MOTHER FATHER
12. Name John Coats
13. Birthplace Poe Co. Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Sarah E. Smith
15. Birthplace Comden Co. Mo. (City, town, or county) (State or foreign country) 0
16 (a) Informant's own signature Sarah E. Coats
(b) Address Joplin, Mo.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-23-40 (Month) (Day) (Year)
(c) Place; burial or cremation Ottawa Co. Okla.
18 (a) Signature of funeral director [signature]
(b) Address Joplin Okla
19 (a) 8-23-40 (Date received local registrar) (b) Ed Δ James 372 (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug day 23
year 1940 hour 5 PM minute _____
21. I hereby certify that I attended the deceased from Aug 15 1940, to Aug 22, 1940, that I last saw him alive on Aug 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J M Gray M D (M. D. or other)
Address Joplin Mo Date signed 8-23-40

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Dr Grey