

1939 JUN 13 1939

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

19118
Do not use this space.

1. PLACE OF DEATH

(a) County Yellow Creek Registration District No. 446
(b) Township Yellow Creek Primary Registration District No. 5670
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 56

2. PRINT FULL NAME

425
Oran Francis Coulson
(a) Residence, No. St. Catharine Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Coulson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
St. Catharine Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catharine Mo.

13. NAME William Coulson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

15. MAIDEN NAME Sarah Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

17. INFORMANT (ADDRESS) Mary Langwell
Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyanzett Cem. DATE May 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tarson Funeral Service
Bucklin Mo.

20. FILED June - 1 - 1939 J. M. H. H. H.
Local Registrar. 445

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1936, to 5/19, 1939.
I last saw him alive on 5/18, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82W
Date of onset 5/14/39
Other contributory causes of importance:
Anemia
Hypertension

Name of operation Date of
What test confirmed diagnosis? 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 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? No.
If so, specify
(Signed) A. C. Sugar M. D.
Bucklin Mo. (Address)

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.

RECEIVED

District Health Officer No. 141

District File Number

39-605

Date Filed

JUN 5 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. working under my personal supervision.

Signed

A. Larson

Licensed Embalmer No.

4037

P. O. Address

Bueller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.