

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

Do not use this space.

36066

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 1705)

Registration District No. 85
Primary Registration District No. 1001
Fifth Avenue,

File No.
Registered No. 1309
St. _____ (Ward)

2. FULL NAME Jessie May Coy,

(a) Residence. No. 1705, Fifth Avenue, 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. 8 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

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 Jesse T. Coy,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
	<u>35</u>	<u>0</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Helena,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Samuel B. Irwin,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Helena,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Mabel Thompson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Guilford,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Jessie J. Coy
(Address) 1705, Fifth Avenue

15. FILED 22 1927 John G. Galt REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1927 to Dec 20, 1927, that I last saw him alive on Dec 20, 1927 and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis
pulmonary
2.319 intestinal & laryngeal
2.15 (duration) 3 yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 37 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12/17/27

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum exam.
(Signed) G. T. Bloomer, M. D.

(Address) 1218 N. 3d

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star, Mo. via Auto DATE OF BURIAL Dec. 22, 1927

20. UNDERTAKER Heaton & Co. Embalmer ADDRESS 319 S. 10 St.

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.

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