

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.

FEB 17 1933

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph,(No. 1801 Mitchell Avenue,File No. 319Registered No. 118

St.

Ward

2. FULL NAME

Isaac Coy,(a) Residence, No. 1801 Mitchell 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 10 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)

Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJosephine Coy,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.7939

OCCUPATION

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.

Farm

10. Date deceased last worked at this occupation (month, day, and year)

January 20, 192611. Total time (years) spent in this occupation. 48

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

Buchanan County,
Missouri,

FATHER

13. NAME

Mathew Coy,

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

Harding County,
Kentucky,

MOTHER

15. MAIDEN NAME

Eliza Deppen,

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

Sweet Springs,
Pennsylvania,

17. INFORMANT

(ADDRESS)

Mrs. Isaac Coy
1801 Mitchell Avenue,

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Star, MoDATE Jan'y 31, 1933

19. UNDERTAKER

(ADDRESS)

Theaton - BeGale & Bowman,
319 So. 10th St. Funeral Home

20. FILED

1-311933John A. Bender,

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 5, 1936 to Jan 29, 1936I last saw him alive on January 24, 1936 Death is saidto have occurred on the date stated above, at 1:35 p.m.

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

Bronchial Pneumonia

Date of onset

1-2-36

Other contributory causes of importance:

Senility

Name of operation. _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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)

(Address)

G. E. Bingham, M.D.
St. Joseph, Mo.

