CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state ... should be carefully supplied. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAR 23 1936

5638

1. PLACE OF DEATH
County Howard
Township Boonslick
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 377
Primary Registration District No. 4241

File No. .....
Registered No. 5

2. FULL NAME George W. Coy

(a) Residence, No. ..... 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. 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 OF Mattie S Jagers Coy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1859

7. AGE: YEARS 76 | MONTHS 7 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1913
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo

FATHER
13. NAME Ian Coy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo

MOTHER
15. MAIDEN NAME Eliza Anderson Coy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo

17. INFORMANT (ADDRESS) H. W. Coy Franklin, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bronsboro Mo DATE 2/1936, 19

19. UNDERTAKER (ADDRESS) C S Duncan New Franklin Mo

20. FILED 3-1 1936 W A Bloom
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1936, to 2-18, 1936
I last saw him alive on 2-18, 1936. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	2-14-36
Other contributory causes of importance:	
Chr. Myocarditis	1934

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) W A Bloom, M. D.
(Address) Fayette Mo

Bloomi