

APR 20 1936

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

Do not use this space.

11159

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. _____
City Carthage St. Lawrence - Brooks Hospital St. _____ Ward _____

2. FULL NAME

Susan Gertrude Mc Coy

(a) Residence, No. 703 1/2 Main St., _____ Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
50 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. History teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carthage High School
10. Date deceased last worked at this occupation (month and year) Sept. 1, 1935 11. Total time (years) spent in this occupation 22

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

MOTHER 13. NAME A. H. Mc Coy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Ohio

15. MAIDEN NAME Christine Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Missouri

17. INFORMANT Judy Mc Coy (ADDRESS) 703 1/2 Main - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Mar. 30, 1936

19. UNDERTAKER Kneel M. Anthony (ADDRESS) Carthage, Mo.

20. FILED Mar. 30, 1936 A. B. Johnson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1935, to March 28, 1936
I last saw h. alive on March 28, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

Thrombosis of left middle cerebral artery Date of onset March 20, 1936

Other contributory causes of importance:
Radical removal of left breast for carcinoma Nov 9, 35

Name of operation Craniotomy Nov 9, 35 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Carthage, Mo. (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? _____
If so, specify P. H. Webster, M. D.
(Signed) _____ (Address) Carthage Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

