

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

Do not use this space.

1. PLACE OF DEATH

County Bedard
Township Box
City 200 John D. McCoy (No. _____) Ward _____

Registration District No. 163
Primary Registration District No. 5228

File No. 39288
Registered No. 64
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 Rose McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-19-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 15

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

13. NAME Lewis McCoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Viv 1

15. MAIDEN NAME Katherine O'Dell

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

17. INFORMANT (ADDRESS) Mrs. Rose McCoy, Edwards Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound, Com. DATE 11-5-1939

19. UNDERTAKER (ADDRESS) Swinn-Sellers, Edwards Springs, Mo.

20. FILED 11-15-1939 J.W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-4-1939

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1939, to Oct. 26, 1939

I last saw him alive on Oct. 26, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

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

Chronic myocarditis

Date of onset ?

Other contributory causes of importance: None

Name of operation none Date of _____

What test confirmed diagnosis? none 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) Bernard C. Adley, I., M. D.
154 (Address) Stockton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. 7

District File Number 12-39-1690

Date Filed 12-12-39