

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

Do not use this space.

35127

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. Mason Home) St. _____ Ward _____

File No. _____
 Registered No. 10285

2. FULL NAME

William P. Secoy
 (a) Residence. No. 5351 Delmar St., 12 Ward.
 (Usual place of abode)

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. (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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8 - 1838

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	89	9	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Don't know
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Madrid County
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Margius Secoy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co - Mo

12. MAIDEN NAME OF MOTHER Sarah Ferguson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co, Kentucky

14. INFORMANT Nettie Harris
 (Address) 5351 Delmar

15. FILED Nov 17 1927 Mary G. Stankeoff
 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1927, to Nov 16, 1927, that I last saw him alive on Nov 16, 1927, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93
chronic Myocarditis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 B
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS N. F. P.
 (Signed) _____, M. D.
117, 1927 (Address) Lister Bldg

*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 Baruthersville - Mo DATE OF BURIAL 11-17 1927

20. UNDERTAKER Alexander & Sons ADDRESS 617 1/2 Delmar

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.

