FEB 21 1928

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

Do not use this space.

1798

1. PLACE OF DEATH

County: Macon — Registration District No.: 5-3 — File No.:

Township: White — Primary Registration District No.: 43175-709 — Registered No.:

City: (No.: , St.: Ward:)

2. FULL NAME Peter Van Buren Coy

(a) Residence. No.: St.: Ward: (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Coy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 4 - 1840

7. AGE: Years 87 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Bethany
(STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: Israel Coy

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Do not Know

12. MAIDEN NAME OF MOTHER: Jennie Beaty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Coldwaterville
(STATE OR COUNTRY): Penn.

14. INFORMANT: J. V. B. Coy
(Address): Ethel Mo.

15. FILED: 2-10, 1928 — J. A. Shackelett, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 28 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 -, 1928, to Jan 28, 1928 that I last saw h.... alive on Jan 27, 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

✓ Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) , M. D

, 19 (Address) Gideon Mo.

*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: Bell Cemetery — DATE OF BURIAL: Jan 31 1928

20. UNDERTAKER: F. E. Gilleland — ADDRESS: Ethel Mo

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.

THIS IS A PERMANENT RECORD