MAR 21 1928

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

Do not use this space.

7584

1. PLACE OF DEATH County: Webster Registration District No.: 897 File No.: 4
Township: Primary Registration District No.: 4543 Registered No.: 4
City: Seymour (No. ..... St. ..... Ward)

2. FULL NAME: Bernie L. McCoy.

(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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 14 1877

7. AGE: Years 50 | Months 4 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER: Leo McCoy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER: Fannie Umphrey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) West Virginia

14. INFORMANT: Dr Dale McCoy
(Address) Kansas City, Mo.

15. FILED 2/13 1928 L. A. Watson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1 1927, to 2/12 1928, that I last saw h. alive on 2/11 1928, and that death occurred, on the date stated above, at 6 30a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
G. P. I. Influenza
LSB 31 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (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? .....
(Signed) L. P. Tomlin, M. D
2/13 1928 (Address) Seymour 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: Masonic Cemetery | DATE OF BURIAL: 2-13 1928

20. UNDERTAKER: L. A. Watson | ADDRESS: Seymour 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.