NOV 21 1928

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.

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

Do not use this space.

1. PLACE OF DEATH

County Greene — Registration District No. 217 — File No. 35262

Township — Primary Registration District No. 4192 — Registered No.

City Republic Mo., (No. ..... St. ..... Ward)

2. FULL NAME Henry 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 ----------

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14th 1836

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
91	10	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(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) Dont Know

PARENTS

10. NAME OF FATHER Dan Coy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs A. L. Kenyon
(Address) Republic Mo

15. FILED 10/27, 1928. H. G. Frame. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26th 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-15-28, 19..., to 10-26th-28, 19..., that I last saw him alive on 10-26th-28, 19..., and that death occurred, on the date stated above, at 9.10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

10/27/28 1000

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Oedema

(duration) ..... yrs. ..... mos. 1 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? Clinical

(Signed) H. G. Frame, M. D

10/27, 1928 (Address) Republic, 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: Brown Cemetery: Forsythe: Mo. — DATE OF BURIAL: 10/27 1928.

20. UNDERTAKER: R. E. Thurman — ADDRESS: Republic, Mo