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

Do not use this space.
40773

File No. 5149

1. PLACE OF DEATH
County: Jackson
Registration District No.:
Township: Sam
Primary Registration District No.:
City: Kansas City Mo (No. Research Hospital St. Ward)
Registered No.:

2. FULL NAME: Lois G. McCoy
(a) Residence. No. 921 Cherry 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 12 1912

7. AGE: Years 16 | Months 1 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Des Moines
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER: Geo W McCoy
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Fannie Humphry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY) West Va

14. INFORMANT: Geo W McCoy
(Address) 921 Cherry

15. FILED 11/15, 1928 M. M. Cave
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-15 1928

17. I HEREBY CERTIFY, That I attended deceased from Coroner
....19...., to ....19....
that I last saw h.... alive on ....19...., and that death occurred, on the date stated above, at 10:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
17XX
10X
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Illuminating Gas
(Accidental) (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Gas Poisoning
(Signed) Glenn Cockrell, M. D.
11/15, 1928 (Address) Coroner

*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: Seymour Mo
DATE OF BURIAL: 11/15 1928

20. UNDERTAKER: O V Mast
ADDRESS: 1918 East 15

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.