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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 44

City St. Joseph (No. Mo. Meth. Hospital St. Ward)

2. FULL NAME Patrick McCoy

(a) Residence. No. County Infirmary 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.

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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1852

7. AGE: Years 77 Months Unknown Days 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:

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9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

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14. INFORMANT: County Records
(Address): Buchanan

15. FILED JAN 10 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1929, to Jan. 8th, 1929 that I last saw him alive on Jan 8th, 1929 and that death occurred, on the date stated above, at 4-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 130
Interstitial Nephritis 92
Myocarditis Chronic 92
Endocarditis Chronic 93
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Edema Lungs.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) A. E. Holley M. D.
Jan. 10, 1929 (Address) 822 Edmond St Joseph 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: Mt. Olivet Cemetery
DATE OF BURIAL: Jan. 11 1929

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.