

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

Do not use this space.

21358

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. FILE NUMBER, WITH CONTINUING NUMBER, IS A PERMANENT RECORD.

1. PLACE OF DEATH  
 County Jackson Registration District No. 596  
 Township Blaine Primary Registration District No. 3019  
 City Independence Mo Sanitarium (No. 514 N Spring St Ind Mo) St. 1 Ward 1  
 2. FULL NAME John A. W. Coy  
 (a) Residence No. 514 N Spring St St. 1 Ward. 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 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) December 19 - 1899  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
49                      6                      4  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Cashier Light-1  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer  
 9. BIRTHPLACE (CITY OR TOWN) Independence Mo.  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Alexander W. Coy  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)  
 14. INFORMANT Grace Minion  
 (Address) 514 N Spring St Ind Mo  
 15. FILED 6-24 1929 F. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1929  
 17. I HEREBY CERTIFY, That I attended deceased from May 27, 1929 to June 23, 1929 that I last saw him alive on June 23, 1929, and that death occurred, on the date stated above, at 2:30 m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia (Rt Lower 186A) (Tobac) duration 3 days  
Enlarged Prostate with retention (duration) yrs 3 mos. ds.  
 CONTRIBUTORY (SECONDARY) Fracture left Femur (neck) (duration) yrs 2 mos. 26 ds.  
Fracture left Humerus (in fact from step)  
 18. WHERE WAS DISEASE CONTRACTED 1865  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? NO. DATE OF 1865  
 WAS THERE AN AUTOPSY? Yes (partial)  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) George T. Wynn, M.D.  
6/23 1929 (Address) Independence 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 Wood Lane DATE OF BURIAL June 25 1929  
 20. UNDERTAKER Ott Mitchell ADDRESS Ind Mo

1929 25 9 8  
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