

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

Do not use this space.

34658

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Wesley Hospital) St. _____ Ward _____

File No. _____
Registered No. 4377
St. _____ Ward _____

2. FULL NAME James A. McCoy

(a) Residence, No. Tulia Tex. St. X Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30th, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howe Tex.
13. NAME Oliver McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Mattie Akers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Kate McCoy (ADDRESS) Tulia Tex.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howe Tex DATE 10/30/31 19.

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 10/30 19 31 M. M. Lawrence Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29th, 1931
22. I HEREBY CERTIFY, that I attended deceased from Oct. 12, 1931, to Oct. 29, 1931
I last saw him alive on Oct. 29, 1931 Death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis
12/19
1870
129 121
Other contributory causes of importance:
Chronic appendicitis and cholecystitis.

Name of operation Abdominal drainage Date of 10/14/31
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Engene A. Paul M. D.
(Address) 1607 Kansas St., 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.

