

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

Do not use this space.

40547-3

1. PLACE OF DEATH

County Douglas
Township Boone
City Ava (No. _____) St. _____ Ward _____

Registration District No. 272
Primary Registration District No. 5384

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Mary Coy (Usual place of abode) Boone Mo RFD 2 Ward _____

Length of residence in city or town where death occurred 30 yrs. 00 mos. 00 ds. How long in U. S., if of foreign birth? 00 yrs. 00 mos. 00 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

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

7. AGE YEARS 79 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) New Jersey

13. NAME M

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Mary Cline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boone Township DATE Dec 10th 1931

19. UNDERTAKER Clinkenbard Furniture Co (ADDRESS) Ava Mo

20. FILED 5/10 1932 ED Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931, to only, 1931

I last saw her alive on Nov 24, 1931. Death is said

to have occurred on the date stated above, at 2 P.m. The principal cause of death and related causes of importance were as follows:

Pneumary tuberculosis

Date of onset

23A 23

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Microscop Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931

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? no

If so, specify

(Signed) J L Gentry, M. D.

(Address) Ava 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.

MAY 24 1932

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