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.

MAR 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 3761

Township: — Primary Registration District No. 1001 — Registered No. 111

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME: Charles Edward McCoy

(a) Residence, No. 916 Sycamore St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 28, 1882

7. AGE: YEARS 49 — MONTHS 7 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bridge Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 290

10. Date deceased last worked at this occupation (month and year): Feb, 1930

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris, Ill. 2

FATHER

13. NAME: Enos McCoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis, Ind.

MOTHER

15. MAIDEN NAME: Missouri Bales

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris, Ill.

17. INFORMANT (ADDRESS): Lowell G. McCoy, 916 Sycamore St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Winston, Missouri DATE: Feb. 5, 1932, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 2-4-32, 19 John R. Bender, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb, 3, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1932, to 2-3, 1931

I last saw him alive on 2/3, 1932. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

Heart disease hypertensive & arteriosclerotic — Date of onset: unknown

31 Myocarditis Chr — unknown

95C

95B

131 (1)

Other contributory causes of importance: Nephritis Chronic — unknown

Name of operation: none — Date of —

What test confirmed diagnosis? Clinical findings — 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? no

If so, specify

(Signed) H. W. Carle, M. D.

(Address) 301 P & S Bldg