

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No. 8195
 Township White Oak Primary Registration District No. 5-495- Registered No. 6
 City Union Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Robert McCoy
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie McCoy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 23 1868</u>		
7. AGE <u>63</u>	YEARS <u>11</u>	MONTHS <u>15</u>
		DAYS <u>-</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Sept 1931</u>	
		11. Total time (years) spent in this occupation <u>all his life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Mo</u>		
FATHER	13. NAME <u>Mr. R. McCoy wa.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>2</u>	
MOTHER	15. MAIDEN NAME <u>Mary Woods</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>1</u>	
17. INFORMANT (ADDRESS) <u>George McCoy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>March 10 1932</u>		
19. UNDERTAKER (ADDRESS) <u>A. P. Smith</u>		
20. FILED <u>3/11</u> 19 <u>32</u> <u>Ed C. Peelor</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1932 to March 7 1932
 I last saw him alive on March 7 1932 Death is said to have occurred on the date stated above, at 1945 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the spleen
535
535
 Other contributory causes of importance: none

Date of onset Sept 1-1931

Name of operation physical Date of _____
 What test confirmed diagnosis? physical 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 _____, 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) R. P. Smith, M. D.
 (Address) Union Mo

WRITE PEATILY, 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.

APR 26 1932

