

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

Do not use this space.

14484

1. PLACE OF DEATH

County..... Registration District No. 70
 Township..... Primary Registration District No. 104B
 City St. Louis No. 948 Laurel Ave St. _____ Ward _____
 Registered No. 3850

2. FULL NAME William C. McCoy

(a) Residence, No. 948 Laurel Ave St. 5 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Elizabeth McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 - 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Grain Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ordnance (Sec.)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 25
(1928)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

13. NAME Samuel McCoy

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

15. MAIDEN NAME Jane Carson

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

17. INFORMANT Frederick McCoy (ADDRESS) 948 Laurel Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE April 21, 1932

19. UNDERTAKER Alexander S. Sins (ADDRESS) 617 1/2 Delaware

20. FILED PR 20 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19....., to Apr 20, 1932
 I last saw ~~him~~ alive on Apr 19, 1932, 19..... Death is said to have occurred on the date stated above, at 7:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Cerebral Arteriosclerosis
Hypertension
 Other contributory causes of importance: 1074
197
1074
1074

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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..... D

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) W. H. Olmsted, M. D.
 (Address) 3720 Washington St. Louis, 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.

