

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

Do not use this space.

22025

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 6317 Lake Ave.)

File No. _____

Registered No. 697

St. _____

Ward) _____

2. FULL NAME Compton Mc Coy

(a) Residence, No. 6317 Lake Ave.

(Usual place of abode)

St. _____

Ward. _____

(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 Mc Coy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.

79

3

24

OCCUPATION

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

Laborer

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) 1925

11. Total time (years) spent in this occupation _____

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

Unknown Kentucky

FATHER

13. NAME

William Mc Coy

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

Unknown Kentucky

MOTHER

15. MAIDEN NAME

Sarah Runyon

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

Unknown Kentucky

17. INFORMANT John Mc Coy
(ADDRESS) 6317 Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

5025 KING HILL AVE.

20. FILED

JUL 19 1932

John R. Borden
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from

June 10 1932 to July 13 1932

I last saw him alive on July 13 1932. Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance:

I had a paralysis 2 yrs ago. Arterio Sclerosis

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1932

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Forrest Thomas

, M. D.

(Address) 801 1/2 Felix

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.

AUG 22 1932

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