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

148

Do not use this space.

22224

File No. 8

Registered No. —

Registration District No. 5812

Primary Registration District No. 148

19

1. PLACE OF DEATH

County Cass

Township Mt. Pleasant

City ~~Belton, Mo.~~ (No. ½ Mile North Belton on US Hway No. 71 St. Ward)

2. FULL NAME Mrs. Martha C. McCoy

(a) Residence, No. ½ Mile North Belton, St. Mo. 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.

AUG 22 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	9	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 136

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) Ky

FATHER

13. NAME D. J. McMichael

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

MOTHER

15. MAIDEN NAME Harriet Cummings

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

17. INFORMANT James H. McCoy
(ADDRESS) Belton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 7-5-32 19

19. UNDERTAKER R. V. Lindsey & Sons, Inc.
(ADDRESS) K.C. Mo.

20. FILED July 3 19 32 R M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1932

22. I HEREBY CERTIFY That I attended deceased from June 28, 1932 to July 3, 1932

I last saw her alive on June 30, 1932. Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

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? 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?

If so, specify no

(Signed) R M Miller, M. D.

(Address) Belton Mo