

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. Street at 1500 block on Lafayette St. _____ Ward _____)

85

Registration District No. _____
Primary Registration District No. 1001

File No. 31503
Registered No. 1004

2. FULL NAME Manuel Thelman Coy.

(a) Residence, No. 919 south 15 St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

7 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16 19 32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

I last saw h _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 9:15 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1925

The principal cause of death and related causes of importance were as follows:
Fractured skull, ran over by Date of onset _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 3 23

Auto. Driver not drunk or blinded by lights. Accident was on Lafayette between 15th & 16th Sts.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 210M
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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri 1

Name of operation _____ Date of _____
What test confirmed diagnosis? History Was there an autopsy? no

13. NAME Elmer Coy.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/16 19 32

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

Where did injury occur? St Joseph Mo. (Specify city or town, county, and State)

15. MAIDEN NAME Viola Emma Dryer

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas 2

Manner of injury Auto Accident
Nature of injury Fractured Skull

17. INFORMANT Elmer Coy. (ADDRESS) 919 south 15 st St. Joseph Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Mo DATE Oct. 18 19 32

If so, specify _____ (Signed) B.W. Tadlock Coroner _____ M. D. (Address) 821 Francis

19. UNDERTAKER (ADDRESS) H. C. Underwaden 1802 Union St St. Joseph Mo.

20. FILED Oct 10 32 John R. Bender Registrar.

Every item of information should be carefully supplied. Avoid 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.

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