

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

Do not use this space.

5439

**1. PLACE OF DEATH**

109 County Breane Registration District No. 320  
Township Center Primary Registration District No. 5443  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 3  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Norma Eva McCoy  
(a) Residence, No. R. Elwood mo St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 610  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 97H  
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) Breane Co mo

MOTHER FATHER 13. NAME Basil McCoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co mo

15. MAIDEN NAME Lucy Melton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co mo

17. INFORMANT (ADDRESS) Basil McCoy R. Elwood mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Christian Co DATE 2/9/33

19. UNDERTAKER (ADDRESS) none

20. FILED 2/8 1933 Ray E. Hoyle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-5- 1933, to 2-8- 1933

I last saw her alive on 2-6- 1933 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Found dead in bed at 4:30 a.m. Post mortem from cord (nervous)

Other contributory causes of importance: ✓ 99

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 ✓, 1933

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) B. J. Strella, M. D.

(Address) Breane Co mo

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.

