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.

NOV 10 1933

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

Do not use this space. 33085

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4018
Township Kaw — Primary Registration District No. 3002 — Registered No.
City KC Mo. (No. 2512 Van Brunt St. Ward)

2. FULL NAME Harry Elliott Coy Sr
(a) Residence, No. 2512 Van Brunt St. 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 M
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1 1857
7. AGE YEARS 76 MONTHS 1 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) J. M. Elliott 2512 Van Brunt
18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Ohio DATE ....19..
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Ave
20. FILED Oct 12 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Oct 10, 1933
I last saw him alive on Oct 9, 1933. Death is said to have occurred on the date stated above, at 1:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Right side	3 days

Other contributory causes of importance: Chronic Hypertension

Name of operation none Date of
What test confirmed diagnosis? Clinical Findings 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. C. Mortonsen, M. D.
(Address) 2853 Sower Blvd. Kans
10/10/33