MAR 24 1934

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

Do not use this space.

573-3

1. PLACE OF DEATH
County Christian — Registration District No. 184 — File No.
Township Finley — Primary Registration District No. 4110 — Registered No. 6
City Ozark Mo. (No. 53 St. Ward)

2. FULL NAME Betty Lou McCoy
(a) Residence, No. Ozark Hospital 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 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7" 1928
7. AGE YEARS 5 MONTHS 6 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Eddie McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Maud Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Eddie McCoy Ozark Mo. R.R.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Selmore DATE Jan. 19" 1934
19. UNDERTAKER (ADDRESS) T. B. Chaffin Ozark Mo.
20. FILED Mch 5 1934 Loretta Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18" 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan. 18, 1934
I last saw her alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in abdomen accidental	
18	

Other contributory causes of importance:

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 Jan 13, 1934
Where did injury occur? At Her Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Near Ozark
Manner of injury Gun shot wound
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Young, M. D.
(Address) Ozark Mo.

MARGIN RESERVED FOR BINDING

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.