25 1934

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

Do not use this space.

8178

1. PLACE OF DEATH
County Cooper — Registration District No. 145 — File No. 17
Township Johnson — Primary Registration District No. 5208 — Registered No. 109
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James H. McCoy
(a) Residence, No. Grandin Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Mattie McCoy (1854)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 1868

7. AGE: YEARS 79 — MONTHS 5 — 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. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) De Kalb Illinois

FATHER
13. NAME Thomas McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Elizabeth Brandon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada B.C.

17. INFORMANT (ADDRESS) John W. McCoy Grandin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandin DATE 4-1 1934

19. UNDERTAKER (ADDRESS) John Jordan acting ~~None~~ Grandin Mo

20. FILED 3/31 1934 Alexander Johnston Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 5.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Chronic Poisoning	
~~Hernia~~ Hernia (50 years)	

Other contributory causes of importance: (Inguinal Hernia Inside) Had no medical attendant. 821 1221

Name of operation ..... Date of 1931
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 .....
(Signed) W. C. Croy (Coroner) ~~M.D.~~
(Address) Van Buren, Mo.

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.