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.

JUN 19 1934

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

Do not use this space.

16705

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 3113 Thompson St. Ward)

2. FULL NAME Charles B. McCoy
(a) Residence, No. 3113 Thompson St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Nellie McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 2, 1859

7. AGE: YEARS 75 — MONTHS 1 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Nellie McCoy, 3113 Thompson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE May 9-34, 19

19. UNDERTAKER (ADDRESS): C.H. Blackman & Son, 2825 Indep. Blvd. K.C.Mo.

20. FILED 5-9, 1934 [illegible] Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to May 7, 1934
I last saw him alive on May 7, 1934. Death is said to have occurred on the date stated above, at 1:20 PM m.
The principal cause of death and related causes of importance were as follows:

Acute Glomerular Nephritis
Uremic Coma —

Date of onset

130

Other contributory causes of importance:
Perforation Bladder 11 yrs
Age 6 — urinary Stasis —

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 —, 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) Ralph Perry M.D., M. D.
(Address) 4800 E 24 St —

4:30 till 9