SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 30637
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 197
City Chesterfield (No. ....., Chesterfield, Mo. St. ..... Ward)

2. FULL NAME Roma Preston McCoy
(a) Residence, No. Chesterfield, Mo. 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: 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): Sept. 8, 1922
7. AGE: YEARS 11 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): St Louis Missouri

FATHER
13. NAME: Preston G. McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mona Burris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington Illinois

17. INFORMANT (ADDRESS): Mona McCoy Chesterfield Mo.
18. BURIAL, CREMATION, OR REMOVAL: Antioch Cem. PLACE Monarch Mo. DATE Aug. 28, 1934
19. UNDERTAKER (ADDRESS): Schrader Funeral Home Ballwin Mo.
20. FILED 8-27, 1934 Agnes C. Telly, Dept. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:00 Noon
The principal cause of death and related causes of importance were as follows:
August 25, 1934 @ 5:00 P.M. deceased went into basement to start fire in furnace, struck a match when contents in furnace ignite and for some unknown reason made a huge puff out the furnace door, setting her clothes on fire. Ran out into yard and screamed attracted the neighbors, who beat out the flames from her clothing.
Date of onset
Other contributory causes of importance:
Name of operation None — Date of 18
What test confirmed diagnosis? Coroner's View — 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 8/25/1934
Where did injury occur? Chesterfield, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home.
Manner of injury Described above
Nature of injury as above
24. Was disease or injury in any way related to occupation of deceased? 8/26/34
If so, specify .....
(Signed) Luke B. Tiernan, ... Coroner St. Louis Co., Mo.
(Address) 3718 Jennings Rd

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.

She was rendered unconscious and died August 26, 1934 at 12:00 Noon.