

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

Do not use this space.

40488

DEC 20 1934

1. PLACE OF DEATH

County St. Charles
Township Union
City Forest (No. _____)

Registration District No. 460
Primary Registration District No. 5999

File No. 2
Registered No. 60
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Edna L. McCoy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8 - 1891</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>42</u>	<u>10</u>	<u>10</u>	<u>13</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>				
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) <u>Forest Mo.</u>				
13. NAME <u>Spencer McCoy</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest Mo.</u>				
15. MAIDEN NAME <u>Annie Edgic</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest Mo.</u>				
17. INFORMANT (ADDRESS) <u>Wm L McCoy Forest Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentzville Mo</u> DATE <u>11-23</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>Wentzville Mo</u>				
20. FILED <u>1934</u> 19 <u>34</u> <u>W. O. Caldwell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934, to Nov 21 1934

I last saw him alive on Nov 21 1934. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:
Influenza

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 _____, 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) Russ Mullas, M. D.
(Address) Forest

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.

