FEB 2 3 1935

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

Do not use this space.

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No. 859
Township — Primary Registration District No. 4185 — Registered No. 3
City Albany (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Ann Mc Coy

(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 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 —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1913

7. AGE: Years 21 — Months 3 — Days ~~20~~ 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Stanberry (STATE OR COUNTRY) Mo.

FATHER
13. NAME H. C. Mc Coy
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Nebr.

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

17. INFORMANT Dr. H. C. Mc Coy (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry, MO. DATE Jan. 9-35, 19

19. UNDERTAKER Clifford Brooks (ADDRESS) Albany, Mo.

20. FILED Jany 8, 1935 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1935, to 1-7, 1935
I last saw her alive on 1-7, 1935. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of abdomen	1-6-35

Other contributory causes of importance:

Name of operation Abdominal Exploratory Date of 1-6-35
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-6-, 1935
Where did injury occur? Bethany, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Private home
Manner of injury 38 calibre revolver
Nature of injury Penetrated liver & thoracic duct

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Frank H. Rose, M. D.
(Address) Albany, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD