

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.

FEB 19 1935

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

Do not use this space.
Ch. 0452
1169
File No. 35
Registered No. 35
St. Ward

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township ~~St. Mary~~ Primary Registration District No. 1002
City Kansas City (No. 1716 Montgall) St. Ward

2. FULL NAME Bernice Catherine McCoy

(a) Residence, No. 1716 Montgall St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter McCoy | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1913 | | |
| 7. AGE YEARS 21 | MONTHS 5 | DAYS 10 |
| 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. | |
| | 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) Kansas City Mo | | |
| FATHER | 13. NAME Geo E. Carr | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio | |
| MOTHER | 15. MAIDEN NAME Emma Pulta | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo. | |
| 17. INFORMANT Geo. E. Carr (ADDRESS) 1716 Montgall | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemt. DATE Jan 5 1935 | | |
| 19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Lincoln | | |
| 20. FILED Jan 4 1935 M. M. Cronin Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to Nov. 2, 1935. I last saw her alive on Jan. 2, 1935. Death is said to have occurred on the date stated above, at 10:30A. The principal cause of death and related causes of importance were as follows:
Subchronic tuberculosis 1 year

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? No
If so, specify
(Signed) Ward H. Leonard, M. D.
(Address) 3232 Summer St.

No. 3232

Summit