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

JUL 27 1935

Do not use this space.

20849

1. PLACE OF DEATH
County: St. Francois
Township: St. Francois
City: Near Farmington, Mo. (No. ..., ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 90

2. FULL NAME: Mary Ellen McCoy

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not Known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): not Known

7. AGE: Years 75 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Near El Borado Ill.

FATHER

13. NAME: Anderson Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Eliza Jane Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkandas

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sikeston, Mo. DATE: June 19, 1935

19. UNDERTAKER (ADDRESS): Jas. Albultin Sikeston, Mo.

20. FILED: 6-18, 1935 B. J. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1935, to 6-17, 1935

I last saw h. alive on June 17, 1935. Death is said to have occurred on the date stated above, at 2:30 P. m.

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

	Date of onset
Chronic Myocarditis with Decompensation	?
Arteriosclerosis, generalized & marked	?

Other contributory causes of importance:

Bronchopneumonia terminal	6/14/35
Senile Psychosis	?

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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, 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) C. C. Ault, M. D.
(Address) Farmington, 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.