

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.

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

Do not use this space.

22794

AUG 15 1935

1. PLACE OF DEATH

County GreeneRegistration District No. 320Township CenterPrimary Registration District No. 1443City (No.)File No. 15Registered No. St. Ward

2. FULL NAME

(a) Residence, No. R. Willard mo St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-24-1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, <u>✓</u> hrs. or <u>✓</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret W Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
	11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co mo</u>		
FATHER	13. NAME <u>Robert L McCoy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co Tenn</u>	
	15. MAIDEN NAME <u>Eliza Ann Lee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co Tenn</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>R. L. McCoy side R. Willard mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Murray Cem</u> DATE <u>7-12-35</u>	
19. UNDERTAKER (ADDRESS) <u>Rufferson & Royal</u>		
20. FILED <u>7/12/35</u> <u>Lucy E Royal</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-193522. I HEREBY CERTIFY, That I attended deceased from 7-4-1935 to 7-11-1935I last saw him alive on 7/11, 1935 Death is saidto have occurred on the date stated above, at m.

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

Capillary BranchDate of onset 7/11/35

Other contributory causes of importance:

Name of operation Date of 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? 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? noIf so, specify (Signed) R. L. Willard, M. D.(Address) Bris Hill mo

