

OCT 30 1935

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

Do not use this space.

1. PLACE OF DEATH
112 County Worth Registration District No. 904
3 Township Union Primary Registration District No. 4546
1 City Sheridan (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jane 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 31704
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 29 - 1874

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>8</u>	<u>23</u>	

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. Housewife

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) Armstrong Co. Pa.

13. NAME Jacob Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Barbra Wideman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT A. C. Sheridan, m.
(ADDRESS) Sheridan, m.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheridan, m. DATE Sept 24 1935

19. UNDERTAKER Lang & Sons
(ADDRESS) Sheridan, m.

20. FILED Sept 24, 1935 Mrs. O. H. Bond
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Sept 22, 1935

I last saw her alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 3:30 P.

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

Date of onset _____

Other contributory causes of importance:
old age + general breakdown

Name of operation none Date of _____

What test confirmed diagnosis? inspection 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) Al Lang M.D., M. D.
(Address) Sheridan, m.

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.

