

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

Do not use this space.

39727

JAN 28 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Yreka Primary Registration District No. 1002
 City Camasville (No. 12.C. General Hosp) St. _____ Ward _____

File No. _____
 Registered No. 4533

2. FULL NAME

(a) Residence, No. 3001 Broadway Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Aug 23, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 4

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

FATHER 13. NAME Glenn McCoy Sr
 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mildred McKean
 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Debra Clark (ADDRESS) 12.C. Gen Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn (DATE) 12-23-35

19. UNDERTAKER (ADDRESS) Tegman

20. FILED Dec 23 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1935 to 12-23-1935

I last saw him alive on 12-23-1935 Death is said

to have occurred on the date stated above, at 5:10 a.m.

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

Epidemic Cerebro spinal meningitis Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____

If so, specify _____

(Signed) J. J. [Signature], M. D.
 (Address) 12.C. Gen. Hosp KCMO

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.

