

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

Do not use this space.

40866

1. PLACE OF DEATH **JAN 23 1936**

County St. Louis
Township St. Ferdinand
City Kinlock (No.)

Registration District No. 333 / 1003
Primary Registration District No. 468
Carson and Kinlock

File No.
Registered No. 198
St. Ward

2. FULL NAME Jena McCoy

(a) Residence, South Kinlock St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. 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>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willie McCoy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14 - 1893</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>5</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Arkansas</u>		
13. NAME <u>Jake Taylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Willie McCoy</u> (ADDRESS) <u>South Kinlock</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Washington Park - 12/30</u>		
19. UNDERTAKER <u>Boyd Bro. Fun Home</u> (ADDRESS) <u>2335 Franklin Ave</u>		
20. FILED <u>12-30-1935</u> <u>W. A. Zeiler</u> Registrar. <u>B. E. Smith</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1935

22. I HEREBY CERTIFY That I attended deceased from May 21, 1931 to Dec 20, 1935

I last saw him alive on Dec 23, 1935 Death is said to have occurred on the date stated above, at 12:30 m.

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

Found dead in bed.

Other contributory causes of importance
hypertension

Name of operation Date of

What was 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

Name of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. A. Zeiler M. D.
(Address) 2335 Franklin Ave

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.

RECORDS—THIS IS A PERMANENT RECORD

