APR 16 1936

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

Do not use this space.

9680

File No.

Registered No.

1. PLACE OF DEATH
County Cass
Township Grand River
City Harrisonville (No. , St. Ward)
Registration District No. 156
Primary Registration District No. 5219

2. FULL NAME William Alonzo 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/29 1858

7. AGE YEARS 77 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 10/1 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill.

FATHER
13. NAME John Glen McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Catherine Bilman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Pearl Troup Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Mar 28 1936

19. UNDERTAKER (ADDRESS) Atkinson Bros Eastula Harrisonville Mo

20. FILED Mar 28 1936 E. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to March 27, 1936
I last saw him alive on March 19, 1936. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis with chronic myocarditis

Date of onset

Other contributory causes of importance: 93C

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) [signature] M.D.
(Address) Harrisonville 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.