

MAY 18 1936

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

Do not use this space.

14253

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City St. Joseph, Mo. (No. Line Stock Exchange Bldg.) St. _____ Ward)

File No. _____

Registered No. 34

2. FULL NAME

Thomas J. McCoy

(a) Residence, No. _____ St. _____ Ward. Hiawatha, Kansas
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Hazel McCoy		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1881		
7. AGE	YEARS	MONTHS
	55	0
		DAYS
		11
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm	
	10. Date deceased last worked at this occupation (month and year) April 30, 1936	
	11. Total time (years) spent in this occupation 11 yrs.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiawatha Kansas		
FATHER	13. NAME Anderson McCoy	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois	
MOTHER	15. MAIDEN NAME Eliza Tully	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa	
17. INFORMANT (ADDRESS) Mrs. F. J. McCoy Hiawatha, Kansas		
18. BURIAL, CREMATION, OR REMOVAL PLACE Hiawatha, Kan. DATE Apr. 30, 1936		
19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Av.		
20. FILED <u>May 1</u> 1936 <u>B. W. Tedlock M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30, 1936**

22. I HEREBY CERTIFY, That I attended deceased from

April 30, 1936, to April 30, 1936I last saw him alive on April 30, 1936 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Coronary EmbolismDate of onset
4-30-36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? no.

If so, specify _____

(Signed) E. J. Gross M.D.(Address) 5008 King Hill 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM 1 X7044

