

JUL 13 1936

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

Do not use this space.

22070

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 109 1/2 North 8th.) St. _____ Ward _____

File No. _____
Registered No. 840

2. FULL NAME Amanda Loretta Coy

(a) Residence, No. 109 1/2 North 8th. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Coy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) June 1935. 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

13. NAME Robert P. Fuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Ohio

15. MAIDEN NAME Jane Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT Mrs. Gertrude Gillilan (Mo.)
(ADDRESS) 109 1/2 North 8th. Str. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St. Joseph, Mo. DATE June 25, 1936

19. UNDERTAKER A. D. Didenhofer
(ADDRESS) St. Joseph, Mo.

20. FILED 6/24 1936 St. Joseph, Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936 to June 22, 1936
I last saw her alive on June 22nd, 1936 Death is said to have occurred on the date stated above, at 7:25 P. M.

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

Cerebral Hemorrhage Date of onset 6-23-36

Other contributory causes of importance:
None

Name of operation None 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) Arthur H. Kelley, M. D.
(Address) St. Joseph, 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.

WHITE PERMIT, WITH EXPIRING MARK—THIS IS A PERMANENT RECORD

