

JAN 19 1937

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

Do not use this space.

44819

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp) St. _____ Ward _____

File No. _____
Registered No. 5219

2. FULL NAME Charles Mc Coy

(a) Residence, No. 1355 E. 104 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
26 4 14

8. Trade, profession, or particular kind of work done, as speaker, sawyer, bookkeeper, etc. Truck Driver

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) 1-9-36

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Frank Mc Coy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

15. MAIDEN NAME Bessie Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kas Tex

17. INFORMANT (ADDRESS) De Ward Clerk KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE Dec 31 1936

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 636-81. Grandville

20. FILED Dec 2 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1936 to 12-1 1936

I last saw him alive on 12-1 1936 Death is said to have occurred on the date stated above, at 4:55 pm

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

Severe Pneumonia

Date of onset _____

Other contributory causes of importance: 103

Name of operation _____ Date of _____

What test 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 _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) P. J. De Maria, M. D.

(Address) Sp KC Gen Hosp

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.

