

AUG 19 1937

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

Do not use this space.

26811

File No. \_\_\_\_\_  
Registered No. 165 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County *Callaway* Registration District No. *104*  
Township *Fulton* Primary Registration District No. *3008*  
City *Fulton* (No. *State Hosp #1*)

2. FULL NAME

*Francis 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 yrs. mos. *2* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Wm McCoy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't know*

7. AGE YEARS *25* MONTHS *65+* DAYS \_\_\_\_\_ (If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Paris Mo*

13. NAME *James Boyd*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Margaret C Strain*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Records of State Hospital #1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Paris, Mo.* DATE *July 4 1937*

19. UNDERTAKER (ADDRESS) *Sped & Blahney*

20. FILED *July 3 1937* *R. N. Crews* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 3 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 1 1937* to *July 3 1937*

I last saw her alive on *July 2 1937* Death is said to have occurred on the date stated above, at *11* a.m.

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

*Cerebral hemorrhage* Date of onset *D.K.*

Other contributory causes of importance *Generalized Arteriosclerosis D.K.*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *yes*

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) *J. S. Gaffney* M. D.

(Address) *Fulton, Mo*

