1779-Mo

AUG 30 1937

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

Do not use this space.

File No. 28301

Registered No. 77

1. PLACE OF DEATH
County St. Louis
Township
City Webster Groves (No. 501 Atlanta Webster Groves St. Ward)
Registration District No. 788
Primary Registration District No. 4471

2. FULL NAME Theodocia E. McCoy
(a) Residence, No. 5400 Page W. St., Ward. St. Louis - Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

Burial Permit issued by Ruth J. Christensen Clayton

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Edw. McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 30 - 1867

7. AGE: Years 70 | Months 3 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Ill

FATHER
13. NAME: James Turnbull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Mary J. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.C.

17. INFORMANT (ADDRESS): Olie Short, 501 Atlanta Webster Groves

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Laurel Hill DATE July 16, 1937

19. UNDERTAKER (ADDRESS): Fred M. Williams, 4435 Washington

20. FILED 7-15-1937 Jules R. York, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1937, to July 14, 1937
I last saw h. alive on July 13, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	5-1-37
Other contributory causes of importance:	
Hepatitis (C.A.?)	6-1-36?
Myocarditis	6-23-32

Name of operation: none Date of:
What test confirmed diagnosis? Lab. 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) [illegible], M. D.
(Address) 2735 N. Grand Ave