

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polaski
Township Liberty
City Richland (No. _____)

Registration District No. 712
Primary Registration District No. 4427

File No. 31524
Registered No. 20

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1873</u>		
7. AGE <u>64</u>	YEARS <u>3</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>8-18-1937</u>		
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richland, Mo.</u>		
13. NAME <u>Jasper McCoy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co. Mo.</u>		
15. MAIDEN NAME <u>Rachel Henry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Anna Driven Richland, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Oak Lawn</u> DATE <u>8-19-1937</u>		
19. UNDERTAKER (ADDRESS) <u>R. B. Decker Richland, Mo.</u>		
20. FILED <u>8-18-1937</u> <u>Orville A. Oliver, Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-18-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937, to Aug 18, 1937
I last saw him alive on Aug 17, 1937. Death is said to have occurred on the date stated above at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy 8-17-1937

Other contributory causes of importance:
Unknown

Name of operation none Date of _____
What test confirmed diagnosis? Red Side 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) Orville A. Oliver, M. D.
(Address) Richland, Mo.

