NOV 19 1937

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

Do not use this space.

File No. 38292

Registered No. 48

1. PLACE OF DEATH

County Monroe

Township Jackson

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 582

Primary Registration District No. 5779

2. FULL NAME James Henry Secoy

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Malinda Secoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3rd 1844

7. AGE: Years 93 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 1915

11. Total time (years) spent in this occupation Active Life

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

FATHER

13. NAME N.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

MOTHER

15. MAIDEN NAME N.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

17. INFORMANT Orville Secoy
(ADDRESS) Paris, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh Church DATE Oct. 21 1937

19. UNDERTAKER Speed & Blakey
(ADDRESS) Paris, Missouri

20. FILED 10-20 1937 K. C. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1935, 1937, to Oct 20, 1937

I last saw him alive on Oct 19, 1937 Death is said to have occurred on the date stated above, at 3:30 A.m.

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

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Age

Name of operation ..... 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) M. C. McMurry, M. D.

(Address) Paris, Missouri

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.