

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 35File No. 40701

Township

Primary Registration District No. 1201Registered No. 1256City St. Joseph(No. St. Joseph, Hospital)

St.

Ward)

2. FULL NAME Charles Coy(a) Residence, No. 215 E. Kansas Ave. St. 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1937 to 11/16, 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1934I last saw him alive on 11/16, 1937 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10 20

to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

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

Date of onset 11/14/37Laryngeal edema
Streptococci12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

Other contributory causes of importance:

13. NAME Henry E. Coy

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) Trenton (STATE OR COUNTRY) Mo.What test confirmed diagnosis? autopsy Was there an autopsy? yes15. MAIDEN NAME Sylvia Rains23. 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)16. BIRTHPLACE (CITY OR TOWN) Rushville, Mo. (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Henry E. Coy (ADDRESS) 215 E. Kansas Ave., St. Joseph, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F DATE Nov. 18, 1937

Nature of injury _____

19. UNDERTAKER Fred O. Clark (ADDRESS) 5025 King Hill Av., St. Joseph, Mo.24. Was disease or injury in any way related to occupation of deceased? No20. FILED 11-17 1937 H. J. Nestlebusch Registrar.

If so, specify _____

(Signed) H. P. Petersen, M. D.(Address) 706 Francis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

