

DEC 23

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

Do not use this space.

1. PLACE OF DEATH

County Missouri
Township Rebo
City Rebo (No.)

Registration District No.
Primary Registration District No. 4359

File No. 41974
Registered No.
St. Ward

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-20

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand
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) Rebo, Miss

13. NAME Ed Mc Coy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rebo, Miss

15. MAIDEN NAME Uma Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rebo, Miss

17. INFORMANT (ADDRESS) Ed J. McCoy

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 11-2-37

19. UNDERTAKER (ADDRESS) R. M. Payne
Portageville MO

20. FILED 1/21 1938 Dr. Geo W. Husted
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

I last saw h..... alive on , 19 . Death is said to have occurred on the date stated above, at 1:30 p.m.

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

gun shot wound in head.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury Oct 31, 1937

Where did injury occur? new miss. (Specify city or town, county, and State)

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

Manner of injury shot with a gauge

Nature of injury shot thru

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Geo W. Husted

(Address) new miss. mo.

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.

1 X764

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

41974
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605
(b) Township Combs Primary Registration District No. 4339
(c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lee Edward Mc Coy

(a) Residence, No. St. [] (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm
9. Industry or business in which work was done, as saw mill, bank, etc. Hard
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ripley (STATE OR COUNTRY) Missouri

FATHER 13. NAME A. J. Mc Coy

14. BIRTHPLACE (CITY OR TOWN) Ripley (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Venia Higgins

16. BIRTHPLACE (CITY OR TOWN) Ripley (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) A. J. Mc Coy

18. BURIAL, CREMATION, OR REMOVAL PLACE Partageville DATE 11-2 1937

19. FUNERAL DIRECTOR (ADDRESS) R. M. Payne
Partageville, Mo

20. FILED 1/21/38 Dr. Geo. W. Husted Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

gun shot wound in head Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 21, 1937

Where did injury occur? near Ripley (Specify city or town, county, and State)

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

Manner of injury shot with 12 gauge shot gun
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) L. A. Richards Coroner

(Address) New Madrid Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

