

REC'D MAY 10 1938

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

14835

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township _____ Primary Registration District No. 3019 Registered No. 172
(c) City Independence (d) Street No. Indep. Sanitarium _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank E. McCoy 200

(a) Residence, No. R.R. No. 3 Ind. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) East Liverpool |
(STATE OR COUNTRY) Ohio |

FATHER 13. NAME Arron McCoy |

14. BIRTHPLACE (CITY OR TOWN) Ohio |
(STATE OR COUNTRY) |

MOTHER 15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Eva Spring
(ADDRESS) R.R. 4 KCK

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill DATE Apr 28 1938

19. FUNERAL DIRECTOR Simmons Son
(ADDRESS) 1404 So. 38th. Ind. Mo.

20. FILED U-30-1938 J. L. Cook
Local Registrar. 260

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23 - 1938, to April 26, 1938
I last saw him alive on April 26, 1938. Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:

Bilateral - Broncho
Pneumonia

Date of onset

4-26-38

Other contributory causes of importance:

Suppurative appendicitis
2 emboli

Name of operation Appendectomy Date of April 23
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? _____ 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) W. H. Allen, M. D.

(Address) Independence
Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)