REC'D MAY 16 1938

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

Do not use this space.

14847

File No.

Registered No. 118

1. PLACE OF DEATH

County Jackson Registration District No. 398

Township Blue Primary Registration District No. 3554

City Independence (No. 1625 North Liberty St. Ward)

2. FULL NAME Ambrose E. C. Coy

(a) Residence, No. 1625 North Liberty 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Bertha Coy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1860

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	9	29	

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenford Ohio

FATHER

13. NAME S. Coy

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

MOTHER

15. MAIDEN NAME Sible Moore

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

17. INFORMANT A. C. E. Coy
(ADDRESS) Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Mo. DATE 4 - 18 - 38

19. UNDERTAKER T. W. Goodman
(ADDRESS) Holden, Mo.

20. FILED 4-18-1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Mar~~ 3-3- 1938 to 4-16- 1938

I last saw ~~him~~ alive on 4-16- 1938 Death is said to have occurred on the date stated above, at 2:00 a.m.

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

	Date of onset
Primary Carcinoma of the Liver	
4-16	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of operation 3-15-38

What test confirmed diagnosis? Path. 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?

If so, specify

(Signed) C. A. Allen, M. D.

(Address) Independence, 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.