

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.

REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb Registration District No. 260
Township Colfax Primary Registration District No. 4159
City Shelburne No. _____ St. _____ Ward _____

File No. 21740
Registered No. _____

2. FULL NAME

George J. Coy O.P.A.

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>6</u>	<u>-19-</u>	

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3^d 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27 1938, to Mar 3^d 1938
I last saw him alive on Mar 1st 1938 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:
chronic interstitial nephritis

Other contributory causes of importance: none

Date of onset Mar

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

13. NAME Andrew J. Coy

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

15. MAIDEN NAME Anna B. Fisher

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

17. INFORMANT Alfred Coy (ADDRESS) Stewartville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartville Mo DATE Mar. 5 1938

19. UNDERTAKER F. G. Lyon (ADDRESS) Stewartville Mo

20. FILED Mar. 5 1938 Richard McMichael Registrar.

Name of operation none 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? X 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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) L. E. Saunders M. D.
(Address) Stewartville Mo

