REC'D JUL 11 1938

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

22526
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 609
(b) Township — Primary Registration District No. 4363 — Registered No. 74
(c) City Neosho — (d) Street No. Sale-Bowman Hospital 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 yrs. mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Birchel McCoy
(a) Residence, No. 200 St. Joplin Missouri
(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: Female
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 John McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25, 1869

7. AGE: Years 68 — Months 8 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Rushville (STATE OR COUNTRY) Missouri

FATHER
13. NAME T. W. King
14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME E. J. Stites
16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Not Known

17. INFORMANT Chas. McCoy (ADDRESS) 2010 Harlem Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel Cem DATE 6-23-1938

19. FUNERAL DIRECTOR (NAME) Corley Thompson (ADDRESS) Neosho Missouri

20. FILED 6-27 1938 Oma Lay Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to June 21, 1938
I last saw her alive on June 21, 1938 Death is said to have occurred on the date stated above, at 1:00 P. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset 4/15 1938

Other contributory causes of importance:
Not known

Name of operation holelithotomy Date of 6/2/38
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ouadsale, M. D.
(Address) Neosho, Mo.

542

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Barley Thompson, or by —, Registered Apprentice No. ....., working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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.)

If this body is not embalmed, above space should be left blank.