

REC'D SEP 16 1938

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

228303
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71
(b) Township Cedar Primary Registration District No. 5110A Registered No. 18
(c) City Cedar (d) Street No. _____ 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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

William H Mc Coy
(a) Residence, No. Easley Mo RFD 1 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) Ella Mc Coy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1867

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Boone Co. Mo

FATHER 13. NAME Samuel Mc Coy

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

MOTHER 15. MAIDEN NAME Celia J. Mc Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

17. INFORMANT (ADDRESS) Raymond Mc Coy
Drumwright ok

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Cem DATE July 29 1938

19. FUNERAL DIRECTOR (ADDRESS) R. O. Willett
Columbia, Mo.

20. FILED Sept 10 1938 Frances Nichols
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to July 28 1938

Last saw him alive on July 28 1938 Death is said to have occurred on the date stated above, at 12:30 P. m.

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

Artic Insufficiency

Other contributory causes of importance: 92 in

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin 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? no

If so, specify _____

(Signed) A. B. Payne, M. D.

73 (Address) Ashland Mo

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, Lynnan H. Sprinkle, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Antietam & County

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Lynnan H. Sprinkle

Licensed Embalmer No. 4013

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.)