LEG'D APR 24 1939

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

11416
Do not use this space.

1. PLACE OF DEATH
(a) County Linn 2 Registration District No. 496
(b) Township 1 Primary Registration District No. 3025 Registered No. 21
(c) City Brookfield (d) Street No. ..... 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2nd Donna Jean McCoy
(a) Residence, No. 610 N Livingston St. ☐
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 3 - 1939
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Brookfield Mo

FATHER
13. NAME Gene McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Mo

MOTHER
15. MAIDEN NAME Winona Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Cathern Mo

17. INFORMANT (ADDRESS) Gene McCoy Brookfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Mar-4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hill Funeral Chapel Brookfield Mo
20. FILED April 1 1939 Jno H Lucas Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 3 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1939, to Mar 3, 1939
I last saw her alive on Mar 3, 1939. Death is said to have occurred on the date stated above, at 7:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	Mar 3

154

Other contributory causes of importance:

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? 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) J Sam Evans, M. D.
(Address) Brookfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-5-98
Date Filed APR 13 1939

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, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.