

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

32841
Do not use this space.

1. PLACE OF DEATH

(a) County Laurance Registration District No. H 20
 (b) Township North Mt. Vernon Primary Registration District No. 5-6-33
 (c) City Mt. Vernon R. 7 D (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Andrew Jackson McCoy
Mt. Vernon R. 7 D Mo (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary McCoy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1862
 7. AGE YEARS 77 MONTHS 4 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 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. X
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation X

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

FATHER 13. NAME John McCoy

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

MOTHER 15. MAIDEN NAME Elizabeth Jones

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

17. INFORMANT (ADDRESS) Arch McCoy
Mt. Vernon Mo

18. BURIAL, CREMATION, OR REBURYAL PLACE OF Forest Cemetery Sept 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Orr
Mt. Vernon Mo

20. FILED Sep 16 1939 PA Holmes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1939
 22. I HEREBY CERTIFY, that I attended deceased from Aug 22, 1939, to Sept 13, 1939
 I last saw him/her alive on Sept 13, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:
Fractured rt hip
Caused by a fall
 Date of onset Aug 1, 1939
 Other contributory causes of importance:
Hypostatic pneumonia Sept 12, 1939

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? Accident Date of injury Aug 1, 1939
 Where did injury occur? Mt. Vernon Mo R. 7 D
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury Fall in home
 Nature of injury Fracture rt hip

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Don J. Silsby, M. D.
 (Address) Mt. Vernon, 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.

1 X1603

RECEIVED

District Health Officer No. 6,

District File Number 1039-1972

Date Filed OCT 5 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.