

FILED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH2086  
Do not use this space.

1. PLACE OF DEATH *Clay* V  
(a) County *Clay* Registration District No. *201*  
(b) Township *Liberty* Primary Registration District No. *0-280-301*  
(c) City *Liberty* (d) Street No. *16. North Prairie St* Registered No. *2*  
(e) Length of residence in city or town where death occurred *25* yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *William H. McCoy 200*  
(a) Residence, No. *16. N. Prairie Liberty Mo* 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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Rusan McCoy</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 7 - 1861</i>		
7. AGE	YEARS <i>78</i>	MONTHS <i>2</i>
	DAYS <i>Retired farmer</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Retired farmer</i>	11. Total time (years) spent in this occupation <i>50</i>
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>Stockman</i>	10. Date deceased last worked at this occupation (month and year) <i>15 years ago</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Clay County Mo.</i>		
FATHER	13. NAME <i>Francis McCoy</i>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Clay Co. Mo.</i>
	15. MAIDEN NAME <i>Margaret Ferguson</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>	
	17. INFORMANT <i>Hershey McCoy</i> (ADDRESS) <i>Liberty, Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Missouri City, Mo.</i> DATE <i>1/9/40</i>		
19. FUNERAL DIRECTOR <i>Church-Walker Co</i> (ADDRESS) <i>Liberty, Mo.</i>		
20. FILED <i>Feb 10 1940</i> <i>W H Shaffer</i> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 7 - 1940*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 22, 1939, to Jan 7, 1940*  
I last saw him alive on *Jan 7, 1940* Death is said to have occurred on the date stated above, at *5:30 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Pulmonary Oedema*  
*Right Coronary Thrombosis*  
*Cerebral Hemorrhage*  
Date of onset

Other contributory causes of importance:  
*9410*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) *Outsley Maltby*, M. D.  
940 (Address) *Liberty Mo*

