

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33185

PLACE OF DEATH
County Muhlenberg
Reg. District No. 872
Ward) 45
[If death occurred in a hospital or institution, give its NAME (and of street and number.)]
Reg. District No. 2125
City Broder
Ward) 872
FULL NAME Alvis Newman McCoy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single
6 DATE OF BIRTH Dec 30, 1919
7 AGE 2 yrs. 2 mos. 0 ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work. at home
(b) General nature of industry business or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Dec 30, 1919
11 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1919 to Dec 30, 1919, that I last saw him alive on Dec 30, 1919, and that death occurred on the date stated above at 2 p. m. The CAUSE OF DEATH* was as follows:
Aortic Insufficiency (heart failure)
(Duration) 2 yrs. 2 mos. 0 ds.

9 BIRTHPLACE (State or country) Broder, Ky
10 NAME OF FATHER Richard W. McCoy
11 BIRTHPLACE OF FATHER (State or country) Butter Co., Ky
12 MAIDEN NAME OF MOTHER Alma M. Barber
13 BIRTHPLACE OF MOTHER (State or country) Post, Ky

Contributory (SECONDARY) (Duration) 2 yrs. 2 mos. 0 ds.
(Signed) A. D. Newman, M. D.
Dec 30, 1919. (Address) Dralesboro, Ky

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE

14 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING OR RECENT RESIDENTS)
At place of death 2 yrs. 2 mos. 0 ds. In the State 2 yrs. 2 mos. 0 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard M. McCoy
(Address) Broder, Ky

15 PLACE OF BURIAL OR REMOVAL Broder, Ky DATE OF BURIAL Dec 31, 1919
16 UNDERTAKE J. R. Newman ADDRESS Dralesboro

15 FILED 12/30, 1919 J. R. Newman REGISTRAR

WRITE PRINTED WITH WRITING INK—THIS IS A REQUIREMENT REQUIRED BY LAW
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. See instructions on back of certificate.