

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 6964

1 PLACE OF DEATH

County MitchellVet. Pct. W. RogersRegistration District No. 1093

Registered No. _____

Inc. Town _____ Primary Registration District No. 6853

City _____ (No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Mc Coy(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH April 20
(Month) (Day) (Year)7 AGE 47 yrs. 10 mos. 4 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work None
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town)
(State or country) Hopkins Co Ky10 NAME OF FATHER Edward E Mc Coy11 BIRTHPLACE OF FATHER (city or town)
(State or country) Tenn12 MAIDEN NAME OF MOTHER Nannie Townsend13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ky14 (Informant) Joe Mc Coy(Address) Depoy Ky15 Filed 3/17/27 W. B. Wickliffe

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 24, 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Feb 1, 1926, to Feb 20, 1927,
that I last saw him alive on Feb 20, 1927,
and that death occurred on the date stated above at 2 A m.
The CAUSE OF DEATH* was as follows:Acute Carditis(Duration) 1 yrs. mos. ds.Contributory _____
(Secondary)

(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Rob Argshitt M. D.
Feb 25, 1927 (Address) Greenville Ky*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for addi-
tional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Fulkserson Bg Feb 25, 1927

20 UNDERTAKER ADDRESS

M B McDonald Greenville

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, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGER REPRODUCED FOR BIDDING