

Form V, S. 1-5011-1-27-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Fayette File No. 16476
Vct. Pat. Thos. H. Brown Registration District No. 5 Registered No. 132
Inc. Town Lexington Primary Registration District No. 50 48
City Lexington (No. 2-9 Street Highland Sub-Division Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl Leonard McCoy
(a) Residence No. St. Ward Ward
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>	10 DATE OF DEATH (Month) <u>July</u> (Day) <u>13</u> (Year) <u>1931</u>	17
6a If married, widowed, or divorced HUSBAND of (or) WIFE of			HEREBY CERTIFY, That I attended deceased from <u>July 4th</u> , 19 <u>31</u> , to <u>July 13</u> , 19 <u>31</u> , that I last saw him alive on <u>July 16</u> , 19 <u>31</u> , and that death occurred on the date stated above at <u>2:30</u> P.M. The CAUSE OF DEATH* was as follows:	
6 DATE OF BIRTH <u>Nov. 29-1924</u> (Month) (Day) (Year)			and that death occurred on the date stated above at <u>2:30</u> P.M. The CAUSE OF DEATH* was as follows: <u>Infantile paralysis / 6</u>(Duration) yrs. <u>3</u> mos. ds.	
7 AGE <u>6</u> yrs. <u>7</u> mos. <u>14</u> ds. IF LESS than 1 day hrs. or min?			Contributory (Secondary)(Duration) yrs. mos. ds.	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Child</u> (b) General nature of industry, business or establishment in which employed (or employer).....			18 WHERE WAS DISEASE CONTRACTED If not at place of death? <u>Don't know</u> Did an operation precede death? <u>no</u> Date of..... Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>none</u> (Signed) <u>J. D. Counts</u> , M. D. <u>7-13-1931</u> (Address) <u>Lexington, Ky.</u>	
9 BIRTHPLACE (city or town) (State or country) <u>Kenton Co., Ky</u>			*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 additional space.)	
PARENTS	10 NAME OF FATHER <u>Wm McCoy</u>		19 PLACE OF BURIAL OR REMOVAL <u>Lexington Cemetery</u> DATE OF BURIAL <u>July 15, 1931</u>	
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Scott Co., Ky</u>		20 UNDERTAKER <u>Kerr Bros.</u> ADDRESS <u>Lex. Ky.</u>	
	12 M maiden NAME OF MOTHER <u>Nema Burton</u>			
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Jarrard, Ky</u>			
14 (Informant) <u>Mrs. Chad Perkins</u> (Address) <u>2-4 St. Highland</u>				
15 Filed <u>7/11</u> 19 <u>31</u> <u>J. D. Counts</u> Registrar				