

McCoy, William N 1867 - 1926



Form V. S. 1-50m-10-23-25

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

J.N. *[Signature]*  
County

County Fayette File No. \_\_\_\_\_  
 Registered No. 574

Vot. Po. \_\_\_\_\_ Registration District No. 300  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 2165 -  
 City Livingston (No. 713 Whitney Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William N. McCoy  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word)	13 DATE OF DEATH <u>Aug 11</u> , 19 <u>26</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date stated above at <u>6 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Myocarditis</u> (Duration) _____ yrs. _____ mos. _____ ds.	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
6 DATE OF BIRTH <u>Feb 19</u> , 19____ (Month) (Day) (Year)			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) <u>J. H. [Signature]</u> <u>Aug 13, 1926</u> (Address) <u>Lex., Ky.</u>		
7 AGE <u>59</u> yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?			*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.)		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Doctor</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			19 PLACE OF BURIAL OR REMOVAL <u>Livingston Cemetery</u> DATE OF BURIAL <u>Aug 13, 1926</u>		
9 BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>			20 UNDERTAKER <u>W.R. Milward</u> ADDRESS <u>Lex., Ky.</u>		
10 NAME OF FATHER <u>J.R. McCoy</u>					
11 BIRTHPLACE OF FATHER (city or town) (State or country) _____					
12 MAIDEN NAME OF MOTHER <u>Sarah Cummings</u>					
13 BIRTHPLACE OF MOTHER (city or town) (State or country) _____					
14 (Informant) <u>James McCoy</u> (Address) <u>Lex. Ky.</u>					
15 Filed <u>8/17</u> 19 <u>26</u> Registrar <u>[Signature]</u>					

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 M. 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.