

Lexington Herald - June 17, 1928

William McCoy

William McCoy, 36 years old, died yesterday morning at 10:30 o'clock at his residence on Second street in the Highlawn division. He was the son of Lula Ransdall McCoy and William McCoy and was born in Midway, Ky. He is survived by his wife, Mrs. Dena McCoy, and five children, Rhetta May, William, Jr., Bobby, Betty and Carl Leonard McCoy; three uncles, Frank, Albert and Claud Ransdall, and one aunt, Mrs. Lena Mullins, of Bourbon county. Funeral services will be held at the residence Monday afternoon at 2:30 o'clock, the Rev. W. T. Mason officiating. Burial will be in the family lot in the Lexington cemetery.



McCoy, William Shelton 1892 - 1928

Form V. S. 1-50m-5-23-27

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

County Fayette File No. 14657
City Highland Registered No. 79
Registration District No. 500
Primary Registration District No. 1048
City 2nd St. in Highlawn Division
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William 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

1 SEX Male **4 COLOR OR RACE** White **5 Single** Married
6a If married, widowed, or divorced Widowed
HUSBAND of Henry McCoy
(or) WIFE of _____
6 DATE OF BIRTH March 3 - 1892
(Month) (Day) (Year)

7 AGE 36 yrs. 3 mos. 13 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work General Laborer
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Midway Ky
(State or country)

PARENTS

10 NAME OF FATHER William McCoy
11 BIRTHPLACE OF FATHER (city or town) Ky
(State or country)

12 MAIDEN NAME OF MOTHER Lula Russell
13 BIRTHPLACE OF MOTHER (city or town) Bowling Ky
(State or country)

14 (Informant) Henry McCoy
(Address) Lynchburg Ky

15 6/26/28 Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 16, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to June 16, 1928 that I last saw him alive on June 12, 1928 and that death occurred on the date stated above at 10:30 a.m. The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

13 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) Arthur K. Shepard
6/18, 1928 (Address) Lynchburg Ky

18 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.)

19 PLACE OF BURIAL OR REMOVAL Lynchburg Cemetery **DATE OF BURIAL** 6/18/28
20 UNDERTAKER Herr Bros Lynchburg

Filed 6/26, 1928 Registrar _____

6/30/28