

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County
Township
or
Village
or
City St. Louis (NO. Blind Girls' Home St. Home Ward)

Registration District No. 791 File No. 29386
Primary Registration District No. 1008 Registered No. 7454

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

2 FULL NAME Virginia Bell Cox ⁷⁶

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH June 15th 1853
(Month) (Day) (Year)

7 AGE 63 yrs. 6 mos. 21 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Blind Girls' Home (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Mo

10 NAME OF FATHER Cobwell Cox
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
12 MAIDEN NAME OF MOTHER Martha Lovell
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ivy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Anna Casey X
(Address) 5235 Page Ave

15 Aug 7 1916 Maryl Starkloff
Filed..... 1916 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 6 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 2 1916 to Aug 6 1916, that I last saw her alive on June 10 1916 and that death occurred, on the date stated above, at 11:35 m. The CAUSE OF DEATH* was as follows:

Pericarditis - Beaded
538
H
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) 2 1/2 yrs..... mos..... ds. (Signed) M. C. Negesty M. D. (Address) Clarendon Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death at yrs..... mos..... ds. In the life State..... yrs..... mos..... ds. Where was disease contracted if not at place of death? no Former or usual residence no

19 PLACE OF BURIAL OR REMOVAL St. Mathews Cem. DATE OF BURIAL Aug 8 1916

20 UNDERTAKER walkins & Co ADDRESS 1024 Biddleton

