

OCT 26 1926

PLACE OF DEATH

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

28314

County De Kalb

Township \_\_\_\_\_

or Village Amity

or City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 757

File No. \_\_\_\_\_

Primary Registration District No. 4156Registered No. 8

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

FULL NAME

David Morgan Cox

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE Wht SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)DATE OF DEATH Sept 30<sup>th</sup> 1926  
3 (Month) (Day) (Year)DATE OF BIRTH July 14 1839  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Sept 27, 1926 to 9 30, 1926, that I last saw him alive on 9 30, 1926AGE 87 yrs 2 mos 16 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?and that death occurred, on the date stated above, at 2:45 pm.

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work At HomeBroncho-Pneumonia

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Ky107A  
102A  
100W  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.NAME OF FATHER Wm CoxContributory old age & cold  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ ds.BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown(Signed) J F Arnold M. D.MAIDEN NAME OF MOTHER Ellen Breckenridge20 - 1 1826 (Address) Amity MoBIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) George Edward Cox

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(ADDRESS) Amity Mo

Where was disease contracted If not at place of death? \_\_\_\_\_

Filed 10 1 1926

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Amity Cemetery DATE OF BURIAL 10 1 1926UNDERTAKER W G Pilehus ADDRESS Mayville Mo

REGISTRAR

